

PROMOTING CHILDREN’S WELL-BEING THROUGH A RESILIENCE-BASED
INTERVENTION PROGRAM AT THE SCHOOL CONTEXT



HATİCE PINAR DEMİRCİ

BOĞAZİÇİ UNIVERSITY

2025

PROMOTING CHILDREN’S WELL-BEING THROUGH A RESILIENCE-BASED
INTERVENTION PROGRAM AT THE SCHOOL CONTEXT

Thesis submitted to the
Institute for Graduate Studies in Social Sciences
in partial fulfillment of the requirements for the degree of

Master of Arts
in
Clinical Psychology

by
Hatice Pınar Demirci

Boğaziçi University

2025

Promoting Children's Well-Being Through a Resilience-Based
Intervention Program at the School Context

The thesis of Hatice Pınar Demirci
has been approved by:

Assist. Prof. Gizem Toska
(Thesis Advisor)

Assist. Prof. Nihal Yeniad Malkamak
(Thesis Co-Advisor)

Assoc. Prof. Deniz Albayrak Kaymak

Assoc. Prof. Yasemin Sohtorik İlkmen

Assoc. Prof. Ayşe Altan Atalay
(External Member)

January 2025

DECLARATION OF ORIGINALITY

I, Hatice Pınar Demirci, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
- this is a true copy of the thesis approved by my advisor and thesis committee at Boğaziçi University, including final revisions required by them.

Signature.....

Date

ABSTRACT

Promoting Children's Well-Being Through a Resilience-Based Intervention Program at the School Context

Today, children face numerous risk factors that can impact their well-being. To address these challenges, it is essential to support the development of resilience skills in children that will enable them to cope with difficult situations. School-based intervention programs play a crucial role in fostering these skills among children. This study aims to evaluate the effectiveness of an 11-session resilience-based program, "I Can Do It If I Know" for children aged 7 to 11. Third, fourth, and fifth-grade classes from three schools were randomly assigned to the intervention group (107 children) or the control group (89 children). Pre-test and post-test assessments were conducted to measure the children's levels of resilience and social-emotional skills using standardized tests. Additionally, parents and class teachers completed the Strengths and Difficulties Questionnaire to assess children's prosocial and difficult behaviors. In addition to quantitative data, parents shared their observations about the changes they noticed in their children after the program. Results showed a significant difference in post-test social-emotional resilience scores between the intervention and control groups, as reported by the children. Especially, third graders showed the most improvement in their scores. Parents reported significant improvements in their children's skills, including emotional regulation, self-awareness, self-confidence, problem-solving, responsibility, and social relationships. Furthermore, teacher evaluations demonstrated a notable decrease in difficult behaviors over time among children in the intervention group compared to those the control group.

ÖZET

Okul Bağlamında Psikolojik Sağlamlığa Dayalı Bir Müdahale Programı ile

Çocukların İyilik Hallerini Destekleme

Günümüzde çocuklar, iyi oluşlarını olumsuz etkileyebilecek birçok risk faktörüyle karşı karşıyadır. Çocukların bu zorluklarla başa çıkabilmeleri için gerekli psikolojik sağlamlık becerilerinin geliştirilmesinde okul temelli müdahale programları önemli bir rol oynamaktadır. Bu çalışmanın amacı, 7-11 yaş arası çocuklar için geliştirilen ve 11 oturumdan “Bilirsem Yapabilirim” programının etkililiğini değerlendirmektir. Üç farklı okuldan üçüncü, dördüncü ve beşinci sınıflar, müdahale (107 çocuk) veya kontrol grubuna (89 çocuk) rastgele atanmıştır. Çocukların psikolojik sağlamlık ve sosyal-duygusal beceri düzeylerini ölçmek amacıyla ön test ve son test değerlendirmeleri standardize testler aracılığıyla yapılmıştır. Ayrıca, ebeveynler ve sınıf öğretmenleri, çocukların sosyal faydalı davranışlarını ve zorlayıcı davranışlarını değerlendirmek amacıyla Güçler ve Güçlükler Anketini doldurmuşlardır. Niceliksel verilerin yanı sıra, ebeveynlerden program sonrası çocuklarda fark ettikleri değişimlere dair gözlemleri alınmıştır. Sonuçlar, çocukların bildirimlerine göre müdahale ve kontrol grupları arasında son testte sosyal-duygusal sağlamlık puanlarında anlamlı bir fark olduğunu göstermiştir. Özellikle, üçüncü sınıf öğrencileri en büyük gelişmeyi göstermiştir. Ebeveynler, çocuklarının duygusal düzenleme, öz farkındalık, öz güven, problem çözme, sorumluluk ve sosyal ilişkiler gibi becerilerinde anlamlı gelişmeler bildirmiştir. Ayrıca, öğretmen değerlendirmeleri, müdahale grubundaki çocuklarda zorlayıcı davranışların zaman içinde kontrol grubuna göre kayda değer bir azalma olduğunu ortaya koymuştur.

ACKNOWLEDGMENTS

This thesis represents the outcome of a long and meaningful journey, shaped by dedication, collaboration, and a shared commitment to promoting children's well-being. From the very beginning, my dream was to develop a resilient-based prevention program that could make a meaningful difference in children's lives, and this process would not have been possible without the invaluable support of many individuals and institutions.

First and foremost, I would like to express my deepest gratitude to my thesis advisors Nihal Yeniad Malkamak and Gizem Toska, for their exceptional guidance and encouragement throughout this process. Their trust in me and endless support for this study have been truly inspiring, allowing me to approach this research with motivation and perseverance. I am also sincerely grateful to the thesis committee members, Deniz Albayrak Kaymak, Yasemin Sohtorik İlkmen and Ayşe Altan Atalay for their insightful feedback and constructive suggestions to improve this study. Beyond their valuable critiques, their appreciation of my research and the recognition they expressed have been truly an honor for me. I would also like to acknowledge my initial advisor, Serra M  derrisođlu, who provided significant support during the early stages of this research. Her belief in my capability to tackle such a challenging and comprehensive study, paired with her encouragement, has empowered me to move forward with confidence.

I would like to extend my deepest appreciation to the leadership and advisory board members of Egeden Child and Trauma Foundation, particularly Nur Furtun and Kismet Bakiođlu, whose expertise and generosity played a crucial role in the

development and pilot implementation of the "I Can Do It, If I Know" program.

Without their support, this study would not have been possible.

I am also deeply grateful to the school counselors who implemented the program with great dedication, and to the children, parents, and teachers who participated in this study. Their willingness to be part of this project and their valuable contributions have greatly enriched this research.

A special thanks to my colleagues and friends who have stood by me throughout this journey, offering both academic insights and emotional support. They believed in me and encouraged me to persevere through the challenges of this study.

Finally, I owe a deep debt of gratitude to my husband, my son, and my mum for their limitless love, patience, and understanding. My son Tuna, with a maturity beyond his years, allowed me the space to focus on my studies while waiting eagerly for the moment I'd complete my thesis. Their support has been my greatest source of strength.

This study has been shaped by the kindness, collaboration, and encouragement of many, thank you for being part of it.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	1
1.1 General introduction	1
1.2 Definition of resilience	2
1.3 The role of school context	5
1.4 Resilience-based intervention programs at school context	6
1.5 The “I Can Do It, If I Know” program	11
1.6 This study	16
CHAPTER 2: METHODS	18
2.1 Participants	18
2.2 Measures	21
2.3 Procedure	25
CHAPTER 3: RESULTS	28
3.1 Descriptive statistics	28
3.2 Inter-correlations among variables	29
3.3 Test of the intervention effects	34
CHAPTER 4: DISCUSSION	46
4.1 Review of finding.....	46
4.2 Strengths of the study	56
4.3 Limitations of the study	58
4.4 Implications for practice and future research	61
APPENDIX A: A SAMPLE OTLINE FOR PROGRAM SESSIONS	63
APPENDIX B: A SAMPLE OTLINE FOR PROGRAM SESSIONS (TURKISH ..	64

APPENDIX C : APPROVAL FROM THE INSTITUTIONAL REVIEW BOARD FOR RESEARCH WITH HUMAN SUBJECTS ENVIRONMENTAL ETHICS COMMITTEE	65
APPENDIX D: PARENT INFORMATION AND CONSENT FORM (INTERVENTION GROUP)	66
APPENDIX E : PARENT INFORMATION AND CONSENT FORM (INTERVENTION GROUP) (TURKISH)	69
APPENDIX F: PARENT INFORMATION AND CONSENT FORM (CONTROL GROUP)	72
APPENDIX G: PARENT INFORMATION AND CONSENT FORM (CONTROL GROUP) (TURKISH)	75
APPENDIX H: SDQ PARENT SCALE	78
APPENDIX I: SDQ PARENT SCALE (TURKISH)	80
APPENDIX J: SDQ TEACHER SCALE	82
APPENDIX K: SDQ TEACHER SCALE (TURKISH)	84
APPENDIX L: DEMOGRAPHIC FORM	86
APPENDIX M: DEMOGRAPHIC FORM (TURKISH)	87
APPENDIX N: BRIEF MULTIDIMENSIONAL STUDENTS' LIFE SATISFACTION SCALE	88
APPENDIX O: BRIEF MULTIDIMENSIONAL STUDENTS' LIFE SATISFACTION SCALE (TURKISH)	89
APPENDIX P: SOCIAL EMOTIONAL SKILLS PERCEPTION SCALE	90
APPENDIX Q: SOCIAL EMOTIONAL SKILLS PERCEPTION SCALE (TURKISH)	92
APPENDIX R: CHILD AND YOUTH RESILIENCE MEASURE	94

APPENDIX S: CHILD AND YOUTH RESILIENCE MEASURE (TURKISH)	97
APPENDIX T : PROGRAM EVALUATION FORM FOR PARENTS	100
APPENDIX U: PROGRAM EVALUATION FORM FOR PARENTS (TURKISH)	101
REFERENCES	102



LIST OF TABLES

Table 1. "I Can Do It If I Know" Program Framework.....	14
Table 2. Summary of Complete Data by Participant Group and Phase.....	19
Table 3. Comparison of the Two Groups in Baseline Assessment.....	20
Table 4. Descriptive Statistics of Child Outcomes Based on Child, Parent and Teacher Ratings.....	30
Table 5. Pre-Test Correlations Between Study Variables.....	31
Table 6. Post-Test Correlations Between Study Variables for Intervention Group..	31
Table 7. Post-Test Correlations Between Study Variables for Control Group.....	32
Table 8. Correlations among Demographics and Outcome Variables for Intervention Group.....	33
Table 9. Correlations among Demographics and Outcome Variables for Control Group	34
Table 10. Intervention Effects.....	37
Table 11. Hierarchical Regression Results for Social Emotional Resilience.....	40

ABBREVIATIONS

BMSLSS	The Brief Multidimensional Students' Life Satisfaction Scale
CBT	Cognitive Behavioral Therapy
CYRM	Child and Youth Resilience Measure
MSLSS	Multidimensional Students' Life Satisfaction Scale
PSPP-L	Psychological Resilience Psychoeducation Program
SDQ	Strengths and Difficulties Questionnaire
SESPS	The Social Emotional Skills Perception Scale
TURKSTAT	Turkish Statistical Institute
UNICEF	United Nations Children's Fund
UP	University of the Philippines
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 General introduction

Many people experience stressful life events during certain periods of their lives, such as the loss of a loved one, natural disasters, accidents, relational problems at home, school, or work, as well as financial difficulties (Southwick et al., 2014). On top of these challenges, millions of children around the world face even more significant adversities such as poverty, educational inequality (United Nations Children's Fund [UNICEF], 2021), various forms of violence, neglect, and emotional distress (World Health Organization [WHO], 2020). In Turkey, children aged 0-18 make up 26% of the population (Turkish Statistical Institute [TURKSTAT], 2023), and 45.2% of children aged 6-17 are at risk of social exclusion and poverty (UNICEF, 2022). Recent reports indicate that children are subjected to challenges such as neglect, abuse, exploitation, early and forced marriage, involvement in crime, media violence, and peer bullying (International Children's Center, 2020). Early exposure to such adversities increases the likelihood of poor social, cognitive, and health outcomes, potentially impeding the development of competence, autonomy, and independence in later stages of life (Daelmans et al., 2015; Zemp, Johnson & Bodenmann, 2019).

While adversity often leads to stress, depression, anxiety, or prolonged feelings of grief, hopelessness, or helplessness, not all individuals respond in the same way. Research indicates that some individuals, often called 'resilient,' manage to adapt positively despite facing hardship (Karatoreos & McEwen, 2013). This variation in responses has led researchers to explore the characteristics and skills that

support resilience, as well as protective factors that can alleviate the negative effects of adversity. Empirical support within the field of human services suggests that focusing on strengths and protective factors at the individual, family, and community levels can enhance resilience, ultimately fostering positive life outcomes such as physical health, psychological well-being, social relationships, and a healthy environment (Powell, Rahm-Knigge, & Conner, 2021). Given the powerful role that resilience plays in adapting to life's challenges, it is essential to support the development of skills in children's that enable them to protect themselves in difficult situations.

Resilient individuals are often better equipped to adapt to changing conditions, solve problems more effectively, and recover more quickly (Southwick et al., 2014; Taylor et al., 2013). To completely understand how these positive adaptations happen, it is crucial to explore the idea of resilience itself, looking into its definitions, dimensions, and the factors that influence it.

1.2 Definition of resilience

The American Psychological Association (n.d.) defines resilience as " the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands." Basically, resilience refers to the capacity to recover and maintain functioning despite stressful circumstances (Garmezy, 1991).

Importantly, resilience emerges and becomes meaningful under conditions of severe adversity or threat to one's well-being, as well as the subsequent ability to recover and foster positive development (Masten, Best, & Garmezy, 1990). Without the presence of risk factors, resilience studies might fail to capture individuals' coping

skills and strengths in overcoming challenges. Risk factors can be internal (e.g., difficult temperament, psychological disorders) or external (e.g., poverty, family disruptions, social traumas, and neglect), and these challenges are not uncommon (Gizir, 2007; Masten, 2014).

Identifying these risks is essential, as resilience is not simply the lack of vulnerability but the capacity to sustain or restore functioning in the face of significant risk and hardship. To assist children in dealing with these risks, protective factors provide support by enabling individuals to achieve positive outcomes despite the presence of risk factors (Zolkoski & Bullock, 2012). These factors can be categorized as internal and external. Internal protective factors include positive temperament, self-efficacy, self-regulation, problem-solving skills, emotional regulation, humor, and strong interpersonal relationships (Masten & Reed, 2002; Olsson et al., 2003;). External protective factors, on the other hand, involve supportive family environments, positive parenting, secure relationships, peer and academic support, and access to financial and social resources (Olsson et al., 2003; Benard, 1991; Masten & Coatsworth, 1998). By reducing the impact of risks and supporting children's personal strengths and their environment, protective factors play a crucial role in supporting children's adaptability (Alvord & Grados, 2005). This interaction between reducing risks, enhancing protective factors, and promoting resilience highlights the importance of considering the dynamic and complex process of resilience shaped by the interaction of biological, psychological, social, and cultural factors (Southwick et al., 2014).

Ann Masten (2001) argues that resilience is not an extraordinary or unusual trait but rather a set of skills we acquire as a result of typical functioning of the human adaptation system. These skills include the ability to form and maintain

healthy relationships with parents, friends, and others, use internal motivation systems, regulate emotions, learn, and apply learned skills to life. Masten (2006) shifts the focus from viewing resilience as a fixed trait to understanding it as a dynamic process shaped by everyday interactions and experiences. Rutter (2006) adds that children's resilience skills depend not only on the child but also on their environment, which plays an important role in helping them develop coping skills. This shift in focus highlights the importance of external support systems, suggesting that resilience is nurtured through the resources and opportunities provided by one's environment rather than being an innate characteristic.

According to recent research, resilience in children is shaped by a dynamic interaction of internal and external factors that support adaptation to adversity. As Mandelco (2000) suggests, resilience involves internal components—such as biological and psychological traits—and external elements influenced by the environment. Key internal factors include a child's gender, physical health, curiosity, self-confidence, self-expectations, sense of security, and communication abilities. External influences involve family support, interpersonal relationships, educational environments, and consistency in home-based education. Together, these factors contribute to a child's resilience by promoting adaptability, emotional stability, and coping abilities. Building on this model, Ma et al. (2018) categorized the resilience-building factors into three areas: individual characteristics, family support, and broader social influences. Together, these components enhance a child's ability to cope with stress and sustain psychological well-being. Research by Roach (2016) and Sarrionandia et al. (2018) highlights that children with greater resilience experience higher levels of positive emotions, which can buffer the impact of stress

on mental health, underlining the importance of emotional literacy in resilience development (Rees, 2013).

While more recent definitions of resilience have been presented, it is important that an earlier, but still relevant perspective from Werner should be taken into consideration. From Werner's perspective (2005) awareness of emotions, emotion regulation skills, the ability to take responsibility, and flexibility are defined as important skills for resilience. Supporting the development of these skills in children can prevent them from being negatively affected by challenging situations in their lives and can enable them to cope in healthy ways. Equipping children with resilience skills is important, but understanding the broader contexts, such as the school environment, is essential for fostering resilience.

1.3 The role of school context

Families are usually the main source of resilience for children, but schools also play a vital role, especially for those who may not have enough support at home. By implementing student-centered and holistic approaches, schools create an environment where children can develop essential life skills and enhance their resilience (Benard, 2009). Teachers play an important role in the lives of their students, serving as consistent and influential figures. They have the ability to model resilience and help children develop healthy coping strategies.

Additionally, schools are in a unique position to implement interventions that enhance psychological resilience, providing a natural context for these efforts. With proper training and the right tools, teachers can identify early signs of distress and offer targeted support, transforming schools into places that promote resilience, especially for children from disadvantaged backgrounds (Parrott et al., 2024). This

insight associates closely with the Ecological Systems Theory, which emphasizes the interconnected environments that influence a child's development. According to Bronfenbrenner's (1994) framework, individuals grow and adapt within interconnecting systems, where interactions between personal and environmental factors shape behavior and resilience. For example, children who benefit from safe communities and nurturing home environments are better to cope with adversity and display adaptive capacities (Bowes, Grace, & Hodge, 2012). Schools, as key ecological settings, exemplify how external support systems can contribute to strengthening a child's resilience through intentional and systemic interventions.

1.4 Resilience-based intervention programs at school context

Given this understanding, resilience-based prevention programs applied at the schools are critical for both preventing the problems children may confront when faced with difficulties and for fostering their coping skills (Masten & Coatsworth 1998; Reavley et al., 2015). A systematic review of resilience-based intervention studies (Brownlee et al., 2013), showed that children who participated in these programs experienced improved feelings of competence, coping and social skills, self-confidence, more optimistic thinking, took greater initiative in solving problems, and gained better self-regulation. It is also important to consider that resilience-based programs not only improve children's individual skills but also strengthen the supportive role of schools in fostering a positive environment that promotes emotional well-being and a sense of belonging (Türk & Şahin, 2015).

Additionally, in programs involving parents, it was found that parent-child relationships were strengthened (Anticich et al., 2013) and that parents gained a more positive perspective on their children's skills and competencies (Froehlich-Gildhoff

et al., 2012). Building on these findings, the following section presents examples of resilience-based programs implemented worldwide and in Turkey, highlighting their commonalities and differences in approaches, outcomes, and contributions to children's development.

1.4.1 Resilience-based programs worldwide

From the review of various resilience-based intervention programs worldwide, several common themes and distinctive approaches emerge, especially in addressing children's social-emotional skills and resilience. Most resilience-focused programs share common objectives that aim to enhance children's coping abilities and psychological well-being. These programs mainly emphasize improving emotional awareness, regulation, and problem-solving skills, which are fundamental components of psychological resilience. For instance, promoting social skills, such as empathy and communication, and building self-efficacy and confidence are key targets in programs like Zippy's Friends (Bale & Mishara, 2004), Friends for Life (Barrett & Randall, 2004), and Life Skills Training (Botvin & Griffin, 2004). Programs such as these focus on providing children with coping strategies to manage stress and adversity while strengthening their support systems at school and within their families. This shared emphasis on socio-emotional development and resilience highlights the critical role of structured, school-based interventions in creating a protective environment for children.

Despite these similarities, resilience programs differ in their specific focus areas and target age groups. For example, Penn Resilience Program (Kranzler & Price, 2008). focuses on promoting optimism and cognitive flexibility in middle school-aged children, whereas Friends Program (Barrett, Cooper & Guajardo, 2014)

aims to prevent anxiety and depression. Programs like Life Skills Training (Botvin & Griffin, 2004). incorporate risk prevention strategies, such as avoiding substance abuse, alongside resilience building. Furthermore, MindUP (Maloney et al., 2016) which is a version of Social Emotional Learning Program uniquely integrates mindfulness practices to improve self-awareness and emotional regulation.

In terms of methods and applications, resilience-based intervention programs often highlight Cognitive Behavioral Therapy (CBT) as a central approach. Systematic reviews by Pinto et al. (2021) and Dray et al. (2017) both highlight the frequent use of the CBT in resilience programs. CBT-based interventions aim to support children in identifying irrational thoughts and transforming them into more functional ways of thinking. Bernard's (2008) "You Can Do It" program, for instance, is structured to strengthen children's positive self-concepts, underlining the importance of addressing students' social-emotional needs early to positively impact their resilience levels.

Additionally, various reviews, including Fenwick-Smith et al. (2018), note that school-based settings are commonly preferred for programs targeting children and adolescents, as schools provide a natural and continuous environment for reinforcing social-emotional skills through daily interactions. For example, the RALLY program (Malti et al, 2008), designed for children aged 7 to 12, provided consistent resilience outcomes. Similarly, the UP program, which included parent and teacher training together with school environment programming, was implemented across a wide age range from kindergarten to grade 9 (Nielsen et al., 2015). Furthermore, the Zippy's Friends program (Bale & Mishara, 2004), aimed at children aged 7 to 9, offers a school-based social-emotional learning curriculum that helps develop critical emotional awareness and interpersonal skills.

Program duration and session structures show considerable variation. For example, Dray et al. (2017) indicate that programs range from 5 to 32 weeks, with sessions lasting between 15 and 120 minutes. Fenwick-Smith et al. (2018) found that the length of the program does not significantly impact the effectiveness of the program. For example, the RALLY program was implemented an entire school year and provided effective resilience outcomes, while the Mindfulness-Based Stress Reduction program, which lasted only 12 weeks, also showed positive resilience outcomes. These findings indicate that it is the quality of the content and methods, rather than the program's length, that plays a more important role.

1.4.2 Resilience-based programs in Turkey

In Turkey, it seems that there are a limited number of psychological resilience intervention programs designed to enhance the emotional well-being and coping abilities of children and adolescents. These programs vary in their target groups, methods, and delivery, yet they share a common goal of promoting resilience through a combination of therapeutic techniques, experiential learning, and interactive activities.

The Psychological Resilience Development Program for Children and Adolescents (Akar, 2018) targets both children and adolescents, focusing on building skills such as empathy, autonomy, stress management, and problem-solving. The program is implemented by psychological counselors, school psychologists and mental health professionals working in this field. It integrates therapeutic methods such as narrative therapy, cognitive-behavioral therapy, and psychodrama, with a focus on self-regulation exercises and positive visualization. These techniques are

designed to provide participants with practical tools to improve their emotional and psychological resilience in everyday life.

The Cognitive-Behavioral Group Psycho-Education Program (Türk & Şahin., 2015) focuses on adolescents, aiming to improve psychological resilience by addressing irrational beliefs and promoting cognitive restructuring. The program highlights self-awareness and flexible thinking through activities like role-playing and group discussions. Kurtoğlu's (2013) study, on The Effects of a Cognitive Behavioral Approach-Based Psycho-Education Program, complements this perspective, offering a 12-week intervention for primary school students. Kurtoğlu's program, which incorporated cognitive-behavioral techniques, was designed to enhance emotional resilience, social skills, and self-esteem. At the conclusion of the study, it was found that students who participated in the program had significantly higher levels of emotional resilience than those who did not participate.

Another significant program is the Online Solution-Focused Psychoeducation Program (Özdemir & Bengisoy, 2022), aimed at 4th and 5th-grade students. This program employs a solution-focused approach to enhance emotional resilience and problem-solving skills through engaging activities, such as drawing. The evaluation study's findings revealed that the online psychoeducation program had a significant impact on the students' problem-solving abilities and emotional resilience. By the end of the program, participants gave positive feedback, highlighting its strengths in promoting connection, conversation, play, and socialization.

In summary, these programs represent varied approaches to resilience-building in Turkey. Whether focusing on cognitive restructuring, solution-focused techniques, or experiential learning, all aim to provide participants with practical tools to improve their resilience. Despite differences in methods, the emphasis on

engaging, interactive activities to meet participants' needs is common in these programs.

1.5 The “I Can Do It, If I Know” program

This program was designed to help children show their potential to cope with challenging life events. The program's guiding approach is based on Ann Masten's (2018) perspective which conceptualizes resilience not as an extraordinary or rare trait, but as a set of skills that emerge through the normal functioning of human adaptive systems. According to her perspective, every child can be resilient, and that if they become aware of their potential and know how to develop and use the necessary skills, they can cope with challenges. Following this, the program aims to support children not only recognize the coping skills they already possess and but also equip them with practical strategies to effectively apply these skills in everyday situations.

These coping skills were primarily selected based on Ann Masten's (2018) conceptualization of resilience, focusing on key resilience factors such as problem-solving skills, planning, self-regulation, emotion regulation, self-efficacy, a positive view of the self or identity, hope and optimism. It is important to note that cultural variations influence every aspect of the resilience shortlist. Cultural values shape family functions and practices, as well as the expectations for child behavior and the ways families socialize their children to adapt to their culture, community, or society (Masten & Barnes, 2018). In line with the Turkish cultural context, the program also incorporates the development of responsibility-taking, sharing, and helping behaviors, which are valued in Turkish society.

After establishing the theoretical framework and the key components of the program, the development process was further guided by the insights from Goldstein and Brooks' (2013) *Resilience in Children*, Ginsburg and Jablow's (2014) *Building Resilience in Children and Teens*, and Prince-Embury and Saklofske's (2014) *Resilience Interventions for Youth in Diverse Populations*. These works provided valuable direction in shaping the program, and session plans were subsequently developed in alignment with their recommendations.

The program builds on the cognitive-behavioral approach, which emphasizes supporting children's potential and strengths (Momartin et al., 2018) while aiming to improve their social and emotional skills (Challen et al., 2010). Research has shown that programs built on this approach, which also focus on social-emotional development, are highly effective in improving coping skills among primary school children (Bernard, 2008; Prout & Prout, 1998). In line with this, the program incorporates a variety of activities including discussions, games, and practical applications designed to raise awareness, impart knowledge, and develop key skills that contribute to children's growth and resilience.

In terms of its methodology and the presentation of activities, the program was greatly influenced by the *Resilience Builder Program for Children and Adolescents* (Alvord, Zucker & Grados, 2011). The way this program provides activity guidelines was particularly helpful in ensuring that the I Can Do It, If I Know program's instructions are also user-friendly. Although none of the activities were used in the same form, several served as a source of inspiration while developing the program's activities.

This program is designed for children aged 7-11, as these years are a critical stage in their emotional and social development, and the skills they acquire during

this period play a foundational role in helping them cope with future challenges. This age group faces a range of social and academic pressures, including bullying, school transitions, and relationships with teachers (Morrison & Allen, 2007; Pottinger & Stair, 2009). Developing psychological resilience during these years can significantly improve their ability to overcome such challenges.

Moreover, growing evidence suggests that schools have the potential to positively influence children's biopsychosocial growth, and school-based interventions that strengthen students' interactions with their environment, rather than adapting the child to poorly resourced settings, are effective in fostering resilience (France, Bottrell, & Armstrong, 2012; Ungar et al., 2007). This indicates that schools, by focusing on supporting both the child and their surrounding context, can help children build resilience. Therefore, programs targeting school-age children are particularly important, as they address the developmental needs of this group, support them to strengthen their emotional resilience, and improve their ability to perform well in school and form healthy relationships (Mallin, Walker, & Levin, 2013).

The program consists of 11 sessions, which include various engaging group activities such as experiential learning, role play, exercises, warm-up games, question and answer and discussion aimed at supporting children for recognizing their abilities, building self-confidence, developing effective communication, strengthening emotional regulation and problem-solving skills, setting goals, fostering hope, and taking responsibility. The structure of the I Can Do It If I Know program, including session titles, objectives, and subtopics, is presented in Table 1.

Table 1. "I Can Do It If I Know" Program Framework

Session	Title	Objective	Subtopics
1	I Can Learn	To help children get to know each other and the facilitator, learn about the program, and set group rules. Introduction to difficult life events and coping strategies.	Program Introduction Expectations and Group Rules
2	I Can Recognize My Feelings	To help children recognize and understand their emotions. Specifically, to make them realize that avoiding anger or harming oneself and others is not healthy.	Recognizing Emotions Coping with Emotions
3	I Can Regulate My Emotions	To help children develop the ability to understand others after they understand themselves, which is essential for building healthy and positive relationships.	Thought-Emotion- Behavior Cognitive Reappraisal
4	I Can Understand Others	To help children understand others' emotions and needs, which is essential for establishing healthy relationships after understanding themselves.	Understanding Others' Feelings and Needs
5	I Can Express Myself	To help children develop the ability to express themselves effectively after understanding others.	Reviewing Wants Developing Self Expression Skills
6	I Can Know Myself	To help children recognize their characteristics, skills, and interests, enabling them to evaluate themselves positively and use their resources effectively.	Commonalities and Differences Skill Development
7	I Can Dream, I Can Set Goals	To help children discover their potential for dreaming and set goals for achievable dreams.	Dreaming Goal Setting
8	I Can Take Responsibility	To strengthen children's ability to take responsibility today in order to achieve their goals.	What is Responsibility? Taking Responsibility
9	I Can Start	To help children take steps towards their goals and take control of their lives.	Being Shy, Aggressive, or Assertive Being a Team Member or A Leader
10	I Can Share, I Can Help	To make children realize the value of sharing and helping others.	Sharing with Others Helping to Others
11	I Can Do It	To help children recall and use the skills and knowledge they acquired throughout the program when needed.	Stressful and Challenging Life Events and Resources to Overcome Them

The sessions are held once a week and are facilitated by individuals who possess the necessary skills to implement the program. Facilitators may include psychological counselors, guidance counselors, teachers, or psychologists, all of whom have acquired the requisite theoretical knowledge and practical skills through specialized training. The literature suggests that involving school psychologists and other mental health professionals in delivering time-limited, cognitive-behavioral group interventions is particularly beneficial, especially for students identified early as having social and emotional needs (e.g., Prout & Prout, 1998). Consistent with these recommendations, the pilot study of this program was conducted in collaboration with psychological counselors, ensuring the program was implemented effectively and with a focus on enhancing students' resilience.

The program has a semi-structured format to ensure both standardization and effectiveness, as well as to encourage group interaction and spontaneity. Detailed steps are provided for the program trainer to follow, but flexibility is also allowed so that the trainer can effectively respond to group dynamics. In this semi-structured format, the session plan for each session is standardized. Sessions begin with a warm-up game, and if applicable, any homework from the previous week is reviewed. The topic content is then addressed through various group activities. At the end of the session, an evaluation is conducted regarding how the session went or what was learned, and information about any homework is provided if applicable.

The skills acquired in the program are not limited to a specific context but are transferable skills that children can use at school, at home, in friendships, family, and social environments. Therefore, the skills children gain in the program are essential life skills they can generalize across all areas of life, not only during childhood but throughout their lives (see Appendices A and B for a sample outline of the a session

in the program). Additionally, the program aims to have these skills supported by parents. Each week, letters are sent to parents, explaining that week's topic and providing them with guidance. Additionally, it is recommended to hold two meetings with parents throughout the program to support their parenting skills.

The initial draft of the program was developed by the author in 2018 with input from thesis first supervisor (S. Müderrisoğlu, personal communication, 2018). She provided feedback and suggestions for program development, as well as assistance in formulating the objectives, framework, and achievement strategies. Following this, an initial feasibility open trial was conducted with a group of 10 children aged 7–11, who volunteered to participate with parental consent. These sessions were held once a week at a private child center in Kadıköy, Istanbul. The primary goal of this implementation was to evaluate the overall acceptability and feasibility of the program activities. During the sessions, observations and recordings were made by the facilitator to assess which components worked effectively and which required improvement. The facilitator carefully reviewed the observation notes and session transcripts to improve to enhance feasibility and effectiveness. Additionally, two teachers experienced in working with this age group observed the sessions and provided feedback, which was further incorporated into the program.

1.6 This Study

This study aims to evaluate the effectiveness of I Can Do It If I Know program through a multi-dimensional approach, using reports from children, parents, and teachers. The study seeks to achieve two main objectives: (1) to assess the program's impact on child resilience, social-emotional skills and difficult behaviors through self, parent and teacher reports and (2) to gain a deeper understanding of the

program's content through qualitative feedback from parents. By collecting information from diverse informants, the study aims to provide a comprehensive analysis of the program's effectiveness and its potential for broader application in school settings. Moreover, parental feedback will be analyzed to identify specific strengths and weaknesses of the program, thus offering actionable recommendations for refining its structure and implementation. This dual focus not only supports practitioners in developing targeted interventions but also provides researchers with valuable insights into the mechanisms underlying effective resilience-building programs. Additionally, the study explores whether the program's effects vary based on key demographic factors such as gender and age cohort. By addressing these research questions, the study aims to contribute significantly to the development and evaluation of evidence-based school intervention programs.

The study tests the following hypotheses:

1. Children in the intervention group will demonstrate a statistically higher improvement in resilience scores over time compared to the control group.
2. Prosocial behavior scores, as evaluated by parents and teachers, will increase significantly more for children in the intervention group as compared to those in the control group.
3. Difficulty scores, as evaluated by parents and teachers, will decrease significantly more for children in the intervention group as compared to those in the control group.

CHAPTER 2

METHODS

2.1 Participants

The study was conducted with 218 students from 10 classrooms across two public primary schools and one secondary school in İzmir, which is the third largest city of Turkey.

It was a randomized cluster trial, with randomization occurring at the classroom level rather than at the individual level. In the three schools participating in the study, two schools had four classrooms each, and one school had two classrooms. Half of the classrooms were randomly assigned to the experimental group, while the other half were assigned to the control group. Inclusion criteria for students was a) being enrolled in the target age-group classrooms of the selected schools and b) having parental consent to participate. The intervention group consisted of 117 children from 5 classrooms, and the control group consisted of 101 children from 5 classrooms.

Among the 117 children participating in the I Can Do It If I Know intervention program, one child did not complete the pre-test, and nine children did not complete the post-test because they were not present at school during the week the measurements were administered. In the control group, consisting of 101 children, four did not complete the pre-test, and eight did not complete the post-test. Consequently, the impact evaluation study was conducted with 89 children in the control group and 107 children in the intervention group.

In addition to data collected from children, information was also collected from their parents and classroom teachers. Some parents did not return the

questionnaires to the teachers during either the pre-test or post-test phases. Out of the child data pool, which included 89 children in the control group and 107 children in the intervention group, any missing parent data were excluded from the analysis if the questionnaires were not completed. As a result, data were obtained from the parents of 72 children in the control group and 91 children in the intervention group. Similarly, classroom teachers missed completing questionnaires for 4 students, resulting in data being collected from the teachers of 87 children in the control group and 105 children in the intervention group. The number of students for whom data were collected or not collected is presented in Table 2.

Table 2. Summary of Complete Data by Participant Group and Phase

		Participants ($N = 218$)			
		Control group ($n = 101$)		Intervention group ($n = 117$)	
		Missing	n	Missing	n
Child	Pre-test	4	89	1	107
	Post-test	8		9	
Parent	Pre-test	7	72	5	91
	Post-test	10		11	
Teacher	Pre-test	0	87	2	105
	Post-test	2		0	

The study included a total of 196 children aged between 8 and 11 years. Participants lived in households with an average of 4.57 people and had an average of 1.7 siblings. The parents' educational levels were categorized into three groups: 'low education' for those who are illiterate, are literate but have never attended formal schooling, or have completed only primary or middle school; 'medium education' for those who have completed high school; and 'high education' for those who have completed university. The majority of the mothers had lower levels of education (62.2%) and were unemployed (67.65%). The detailed demographic characteristics

of the sample are summarized in Table 3. Preliminary analyses indicated no significant differences between the control and intervention groups in demographic variables but father's employment. Although the difference in fathers' employment status between the intervention and control groups did not achieve statistical significance ($\chi^2 = 3.09, p = .08$), a remarkable trend was evident, with a higher proportion of employed fathers in the control group (94.4%) compared to the intervention group (86.9%).

Table 3. Comparison of the Two Groups in Baseline Assessment

Demographics	Categories	Intervention	Control	<i>t</i> /Chi square	<i>p</i>
		<i>N</i> (%) or Mean (SD)	<i>N</i> (%) or Mean (SD)		
Sex	boy	53(49,5%)	48(53.9%)	$\chi^2 = 0.38$	.54
	girl	54(50,5%)	41(46.1%)		
Grade	3 rd	52(48.6 %)	34(38.2%)	$\chi^2 = 2.13$	.34
	4 th	41(38.3%)	41(46.1%)		
	5 th	14(13.1%)	14(15.7%)		
Pre-test age (years)		8.73 (0.75)	8.91(0.83)	<i>t</i> = -1.60	.11
Number of Siblings		1.69 (1.34)	1.70(1.12)	<i>t</i> = -0.09	.93
Number of residents		4.55 (1.31)	4.59 (1.22)	<i>t</i> = -0.21	.84
Mother's employment	yes	38(35.5%)	26(29.2%)	$\chi^2 = 0.88$	.35
	no	69(64.5%)	63(70.8 %)		
Father's Employment	yes	93(86.9%)	84(94.4%)	$\chi^2 = 3.09$	.08
	no	14(13.1%)	5(5.6%)		
Mother's education	low	41(57.7%)	54(66.7%)	$\chi^2 = 2.03$	.36
	middle	20(28.2%)	15(18.5%)		
	high	10(14.1%)	12(14.8%)		
Father's education	low	31(43.1%)	42(53.2%)	$\chi^2 = 1.67$	.43
	middle	25(34.7%)	24(30.4%)		
	high	16(22.5%)	13(16.5%)		

Note. **p* < .05. ***p* < .01.

2.2 Measures

2.2.1 Child and parent demographics

General information about the child such as age, grade, sex, household size, sibling number, as well as information about parents such as occupation and education level were obtained through a short demographic form.

2.2.2 Child measures

To assess children's psychological resilience, life satisfaction and social skills, data were collected through pre-test and post-test evaluations directly from the children.

2.2.2.1 Child and Youth Resilience Measure (CYRM)

The original 28-item version of the scale, developed based on data collected from eleven different countries, consists of three subscales as personal resources (e.g. "I cooperate with people around me"), relational resources (e.g. "My parent(s)/caregiver(s) really look out for me"), contextual resources (e.g. "I feel that I belong/belonged at my school") (Liebenberg, Ungar, & Van de Vijver, 2012). The Turkish adaptation of this scale was conducted by Arslan (2015). The scale is structured in a 5-point Likert format, ranging from 1 (*Does not describe me at all*) to 5 (*Describes me a lot*). Higher scores indicate higher levels of resilience. Based on the results of the exploratory factor analysis, the scale was found to have a three-factor structure, with a Cronbach's Alpha internal consistency coefficient of .94 and a test-retest reliability coefficient of .85 (Arslan, 2015).

In the present study, internal consistency was assessed using Cronbach's alpha coefficients. For the total CYRM scale, Cronbach's alpha values ranged

between .91 and .95 across pre- and post-test measurements. For the subscales, the internal consistency coefficients ranged from .83 to .88 for the Personal Resources subscale (11 items), from .75 to .85 for the Relational Resources subscale (7 items), and from .75 to .87 for the Contextual Resources subscale (10 items).

2.2.2.2 The Social Emotional Skills Perception Scale (SESPS)

The scale developed by Baydan (2010) consists of 21 items across four dimensions: problem-solving skills, stress coping skills, communication skills, and self-esteem-enhancing skills. The scale is a three-point Likert type. It is rated as "*very suitable for me* (3)", "*partially suitable for me* (2)," and "*not suitable for me at all* (1)." Due to the characteristics of the age group in the scale, there are no reverse items. A high score obtained from the measurement tool indicates that social emotional skills are strong, while a low score suggests that social emotional skills are lacking. The Cronbach alpha coefficient was calculated to determine the internal consistency of the scale. Accordingly, the alpha values for the subdimensions are as follows: .59 for the Interpersonal Skills subscale, .64 for the Stress Coping Skills subdimension, .75 for the Communication Skills subscale, and .73 for the Self-Esteem subscale. The overall Cronbach alpha value for the scale was found to be .92 (Baydan, 2010).

The Social Emotional Skills Perception Scale was evaluated for internal consistency in the present study. Cronbach's alpha values ranged from .80 to .85 for the total scale. For the subscales, reliability coefficients were as follows: Problem Solving Skills ranged between .67 and .70, Stress-Coping Skills ranged from .51 to .67, Communication Skills ranged from .45 to .49, and Self-Esteem Enhancing Skills ranged between .53 and .68.

2.2.2.3 The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS)

BMSLSS consists of five items, each representing one of the five domains of life satisfaction outlined in the Multidimensional Students' Life Satisfaction Scale (MSLSS): family, school, friends, self, and living environment (Seligson, Huebner, & Valois, 2003). To calculate the overall life satisfaction score, responses to these items are averaged. Each item is rated on a 5-point scale, with scores ranging from 1 (*terrible satisfaction*) to 5 (*delighted satisfaction*). The Turkish adaptation of this scale was conducted by Siyez and Kaya in 2008. Cronbach's alpha of the BMSLSS was found as .89 and item total correlations ranged from .56 to .78.

In our study, children reported consistently high scores on both the pre-test and post-test items of the BMSLSS, resulting in a restricted variance and a very skewed distribution. This was further reflected in the internal consistency of the scale, with a Cronbach's alpha value of 0.50, indicating limited reliability. Consequently, the data from this scale were not included in the analyses due to concerns about its discriminative capacity.

2.2.3 Parent and teacher reported measures

Information on children's behavior problems and social skills was gathered from both parents and classroom teachers through Strengths and Difficulties Questionnaire.

2.2.3.1 Strengths and Difficulties Questionnaire (SDQ)

SDQ developed by Goodman (1997) consists of 25 items aimed at identifying mental health issues in children and adolescents. This questionnaire includes a parent form and a school form for children aged 4-16, as well as a self-report form for adolescents aged 11-16. It includes five distinct scales: Emotional Symptoms,

Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Pro-social Behavior. These scales are intended to assess emotional and behavioral challenges, as well as social functioning. Each item is rated on a 3-point scale, with scores ranging from 1 (*not true*) to 3 (*certainly true*). The Total Difficulties score is calculated by adding together the scores from all scales, excluding the Prosocial Behavior scale. The Turkish adaptation of this scale was conducted by Güvenir et.al. in 2008 and the Turkish version of the SDQ was found to be consistent and reliable with alpha values ranging from .37 to .84.

The internal consistency of the SDQ was assessed for both pre-test and post-test data. For the parent form, Cronbach's alpha values were as follows: Emotional Symptoms (.60 and .66, respectively), Conduct Problems (.58 and .55), Hyperactivity/Inattention (.74 and .76), Peer Relationship Problems (.49 and .35), Total Difficulties (.77 and .75), and Pro-social Behaviors (.54 and .63). For the teacher form, Cronbach's alpha values were: Emotional Symptoms (.73 and .63, respectively), Conduct Problems (.67 and .63), Hyperactivity/Inattention (.79 and .78), Peer Relationship Problems (.65 and .67), Total Difficulties (.81 and .79), and Pro-social Behaviors (.90 and .86).

2.2.3.2 Post-program evaluation form for parents

This form aims to qualitatively evaluate parents' observations and opinions regarding the targeted outcomes of the program in children after its implementation. The forms were sent to parents through their children and parents are asked to describe any changes they have noticed or observed in their children across eight skills areas: recognizing and expressing emotions, regulating emotions, problem-solving, social

relationships, self-awareness and self-confidence, imagination and goal-setting, taking responsibility, and sharing and helping.

The parent responses were analyzed descriptively, focusing on the percentages of parents who reported improvements, no improvements, or pre-existing strengths in their children's skills. Additionally, for responses indicating improvement, a descriptive analysis was conducted to explore recurring themes.

2.3 Procedure

First, the necessary permissions were obtained from the Ethics Committee of Boğaziçi University. Upon approval from the Institutional Review Board for Research with Human Subjects Environmental Ethics Committee (see Appendix C), parents of children in the intervention group were sent the consent form (Appendix D for English, Appendix E for Turkish), while parents of children in the control group received a separate consent form (Appendix F for English, Appendix G for Turkish). In total, 238 parents were invited to provide informed consent for their children's participation in the study. Of these, 218 parents signed the consent forms. Only children whose parents provided consent were included in the research study. However, all children in the classes selected as the experimental group participated in the program as part of their guidance lesson activities.

After obtaining consent, pre-test data were collected from children, parents, and classroom teachers in January 2019. Parents who agreed to participate are sent a 25-item questionnaire that assesses their children's difficulties and prosocial behaviors to their homes via their children (see Appendix H for English, Appendix I for Turkish). Simultaneously, classroom teachers completed the teacher version of the same questionnaire (see Appendix J for English, Appendix K for Turkish).

During the same week, children were asked to complete a set of forms at school, including: the Demographics Form (see Appendix L for English, Appendix M for Turkish), which collected basic information about the child and their family (e.g., age, sex, parents' occupations, and education levels); the 6-item Brief Multidimensional Students' Life Satisfaction Scale (see Appendix N for English, Appendix O for Turkish).; the 21-item Social Emotional Skills Perception Scale (see Appendix P for English, Appendix Q for Turkish).; and the 28-item Child and Youth Resilience Measure (see Appendix R for English, Appendix S for Turkish).

Between January 2019 and April 2019, the experimental group participated in the I Can Do It If I Know program. The program lasted 11 weeks, with sessions held once a week during two consecutive class hours. Two weeks after the program's completion in April 2019, post-test data were collected using the same instruments administered during the pre-test phase. Data were collected from children, parents, and classroom teachers in both the intervention and control groups. Additionally, parents of children in the intervention group were invited to complete the Post-Program Evaluation Form for Parents (see Appendix T for English and Appendix U for Turkish).

To enable the program's implementation, a partnership was established with the Egeden Trauma and Child Foundation (n.d.), an organization dedicated to providing psychosocial support to children and families affected by psychological trauma. The foundation also aims to empower children to cope with life challenges and promotes the importance of protective and supportive school environments for children's psychological well-being. Three foundation volunteers, each with at least 15 years of school counseling experience, implemented the program as facilitators. Prior to the program, the three volunteer facilitators underwent a two-day training to

familiarize them with the program's structure and content. During the implementation phase, weekly meetings were held with the facilitators to discuss the program's progress, and supervision support was provided when necessary.

The schools included in the study were selected through convenience sampling, taking into account factors such as their willingness to collaborate and the logistical feasibility of implementing the program. These schools located in low- and middle-socioeconomic regions. School administrators provided permission and approval for the program's implementation and the associated research activities.

To allow for a comparative evaluation of the program across the target age group, students from third, fourth, and fifth grades were included in the study. Experimental and control groups were randomly assigned within these grade levels. At Seferihisar Müşerref Hepkan Primary School, data were collected from four third grade classrooms. Two classrooms were assigned to the experimental group, while the remaining two served as the control group. At Bahar Yıldırım Primary School, four fourth grade classrooms participated in the study, with two classrooms in the experimental group and two in the control group. At Seferihisar Ulaş Secondary School, two fifth grade classrooms were included in the study, with one classroom assigned to the experimental group and the other to the control group. All classes in the selected grade levels at the participating schools were included in the research.

CHAPTER 3

RESULTS

First, the data were screened for missing values. Participants with both pre-test and post-test data were retained for analysis, while those with incomplete data at either time point were excluded. As missing items were less than 3% of the total ratings, they were replaced with their respective mean values. Second, descriptive analyses were conducted to examine the normality and homogeneity of variance, as well as to compare baseline pre-test scores between the intervention and control groups. These analyses ensured that the groups were comparable before the intervention. Third, bivariate correlations among the variables were examined to explore relationships between the key constructs. Fourth, the effectiveness of the intervention program was analyzed, utilizing repeated measures analysis of variance to assess the program's impact on the measured outcomes. Finally, descriptive analysis of parents' feedback, emphasizing the program's perceived impact on specific skill domains was presented.

3.1 Descriptive statistics

Initially, the data were checked for assumptions of normality and homogeneity of variance. Skewness statistics were calculated for all pre-test and post-test variables separately for the intervention and control groups. As seen in Table 4, a series of independent sample t-tests were conducted to explore whether baseline pre-test mean scores on outcome variables differed significantly across intervention and control groups. Results indicated that there were no significant differences between the intervention and control groups (see Table 4). This suggests that the two groups were

comparable in terms of the variables of interest at baseline assessment, providing a balanced starting point for the evaluation of the intervention's effectiveness.

3.2 Inter-correlations among variables

3.2.1 Correlations among parent teacher, and child ratings

To examine the relationships among variables, correlations were computed for child resilience, child social-emotional skills, parent SDQ difficulties and pro-social behaviors, teacher SDQ difficulties, prosocial behaviors. A significant positive correlation was found between child resilience and child social-emotional skills ($r = .49, p < .05$) at pre-test, leading to the decision to combine these two measures into a composite social emotional resilience score. To create this composite score, z-scores were calculated for the total scores of the Child and Youth Resilience and Social Emotional Skills Perception scales to address their differing response formats (three-point and five-point Likert scales). The mean of the z-scores was then used to derive a single composite social emotional resilience score.

Child-reported social emotional resilience composite score was negatively associated with parent and teacher-rated SDQ difficulties at pre-test. Additionally, teacher-rated SDQ prosocial behavior scores showed a positive correlation with child-reported resilience at pre-test. (see Table 5).

At post-test, social emotional child resilience was positively associated with both parent and teacher-rated prosocial behavior scores and negatively correlated with both parent and teacher-rated difficult behavior scores in the intervention group. Additionally, parent and teacher-rated difficult behaviors were significantly correlated within the intervention group (see Table 6).

Table 4. Descriptive Statistics of Child Outcomes Based on Child, Parent and Teacher Ratings

Variables	Pre-test						Post-test							
	Intervention			Control			Intervention				Control			
	<i>N</i>	Mean (<i>SD</i>)	St. Skewness	<i>N</i>	Mean (<i>SD</i>)	St. Skewness	Pre- test <i>t</i>	Pre- test <i>p</i>	<i>N</i>	Mean (<i>SD</i>)	St. Skewness	<i>N</i>	Mean (<i>SD</i>)	St. Skewness
Child Resilience (CYRM)	107	118.35 (6.49)	-4.24	89	116.95 (18.18)	-5.64	0.56	.57	107	123.68 (16.98)	-8,51	89	117.89 (21.86)	-8.30
Child Social Emotional Skills (SESPS)	107	52.42 (6.49)	-1.27	89	51.17 (6.31)	-2.99	1.36	.17	107	55.63 (6.28)	-4.22	89	53.43 (6.04)	-3,26
Child Socio-emotional Resilience (Z)	107	0.06 (0.87)	-2.20	89	-0.08 (0.85)	-3.76	1.12	.26	107	0.15 (0.81)	-4.46	89	-0.18 (0.085)	-2.17
Difficult Behaviors (SDQ-parent)	88	10.47 (6.11)	1.46	70	11.80 (5.99)	1.47	-	.17	90	9.90 (5.64)	2.58	68	11.32 (5.64)	3,53
(SDQ-teacher)	104	6.53 (5.24)	3.43	86	5.73 (5.65)	3.17	1.02	.31	102	4.93 (4.31)	4.43	83	5.71 (5.60)	3,40
Pro-social Behaviors (SDQ-parent)	91	8.65 (1.56)	-6.78	72	8.52 (1.44)	-3.62	0.53	.60	91	8.81 (1.59)	-6,90	72	8.46 (1.53)	-2,72
(SDQ-teacher)	105	8.68 (2.04)	-5.49	87	8.07 (2.38)	-3.04	1.90	.06	105	9.11 (1.58)	-8.77	87	8.29 (2.25)	-3,38

Note. St. Skewness = Skewness statistic/Standard error. Child Socio-emotional Resilience (Z) score is the mean of the z-scores for the total scores of the Child and Youth Resilience and Social Emotional Skills Perception scales.

On the other hand, post-test social emotional resilience scores were not significantly correlated with none of the parent and teacher-rated scores in the control group (see Table 7).

Table 5. Pre-Test Correlations Between Study Variables

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Social emotional resilience	196	0.00	0.86	-				
2. Prosocial behaviors (parent-rated)	163	8.59	1.50	.12	-			
3. Prosocial behaviors (teacher-rated)	192	8.40	2.21	.20**	.04	-		
4. Difficult behaviors (parent-rated)	158	11.06	6.08	-.29**	-.37**	.02	-	
5. Difficult behaviors (teacher rated)	190	6.17	5.43	-.28**	-.10	-.67**	.24**	-

Note. * $p < .05$. ** $p < .01$.

Table 6. Post-Test Correlations Between Study Variables for Intervention Group

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Social emotional resilience	107	0.15	0.81	-				
2. Prosocial behaviors (parent-rated)	91	8.81	1.59	.31**	-			
3. Prosocial behaviors (teacher-rated)	105	9.11	1.58	.30**	.10	-		
4. Difficult behaviors (parent-rated)	90	9.90	5.64	-.23*	-.39**	-.17	-	
5. Difficult behaviors (teacher rated)	102	4.93	4.31	-.33**	-.17	-.64**	.26*	-

Note. * $p < .05$. ** $p < .01$.

Table 7. Post-Test Correlations Between Study Variables for Control Group

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Social emotional resilience	89	-.18	0.81	-				
2. Prosocial behaviors (parent-rated)	72	8.45	1.53	.21	-			
3. Prosocial behaviors (teacher-rated)	87	8.29	2.25	.19	-.05	-		
4. Difficult behaviors (parent-rated)	68	11.32	5.64	-.20	-.31*	.09	-	
5. Difficult behaviors (teacher rated)	83	5.71	5.60	-.14	-.02	-.80**	.05	-

Note. * $p < .05$. ** $p < .01$.

3.2.2 Correlations among demographic and outcome variables

The relationships between demographic variables such as sex, age cohort, parental education level and outcome variables including social emotional resilience, prosocial behaviors and difficult behaviors were examined (see Table 8 for the intervention group and Table 9 for the control group).

The results showed that sex was significantly related to child social emotional resilience, with girls scoring higher on resilience measures compared to boys within the intervention group. Additionally, teacher ratings indicated that girls exhibited higher levels of prosocial behaviors and lower levels of difficulties on the SDQ compared to boys.

Although no significant correlations were found between grade and the outcome variables at the pre-test, a significant negative relationship emerged between grade and child social emotional resilience, as well as between grade and teacher-rated prosocial behaviors at the post-test. Specifically, higher grade levels were associated with lower social emotional resilience scores and fewer prosocial behaviors as rated by teachers within the intervention group (see Table 8).

No significant correlations were observed between parental education levels (both mother's and father's) and any of the outcome variables, neither at the pre-test nor the post-test.

Table 8. Correlations among Demographics and Outcome Variables for Intervention Group

Variables	Sex	Grade (age cohort)	Mother Education	Father Education
Social emotional resilience				
Pre-test	.33**	.05	-.13	-0.00
Post-test	.22*	-.29**	.05	.16
Prosocial behaviors				
Parent-rated/pre-test	.18	-.01	.16	-.01
Parent-rated/post-test	.16	-.03	.04	.14
Teacher rated/pre-test	.28**	.04	-.09	-.15
Teacher rated/post-test	.19*	-.36**	.13	-.05
Difficult behaviors				
Parent-rated/pre-test	-.12	-.14	.02	.03
Parent-rated/post-test	-.17	.05	-.11	-.16
Teacher rated/pre-test	-.37**	-.13	.07	.15
Teacher rated/post-test	-.27**	.16	.02	-.03

Note. * $p < .05$. ** $p < .01$. Sex was coded as 0 = boy, 1=girl. Grade was coded as 0 = third grade, 1 = fourth grade, 2 = fifth grade. Parental education levels were estimated as follows: low education = 8 years, middle education = 11 years, and high education = 15 years.

Table 9. Correlations among Demographics and Outcome Variables for Control

Group

Variables	Sex	Grade (age cohort)	Mother Education	Father Education
Social emotional resilience				
Pre-test	.14	-.03	-.03	-.02
Post-test	.11	.05	-.07	0.12
Prosocial behaviors				
Parent-rated/pre-test	.22	-.10	-.10	-.10
Parent-rated/post-test	.14	.09	-.10	-.11
Teacher rated/pre-test	.12	-.14	-.14	-.08
Teacher rated/post-test	.29**	-.07	-.13	.06
Difficult behaviors				
Parent-rated/pre-test	-.10	-.02	.02	.03
Parent-rated/post-test	-.12	.03	.02	-.11
Teacher rated/pre-test	-.07	-.15	-.15	-.13
Teacher rated/post-test	-.23*	.17	-.02	.06

Note. * $p < .05$. ** $p < .01$. Sex was coded as 0 = boy, 1=girl. Grade was coded as 0 = third grade, 1 = fourth grade, 2 = fifth grade. Parental education levels were estimated as follows: low education = 8 years, middle education = 11 years, and high education = 15 years.

3.3 Test of the intervention effects

To evaluate the effects of the intervention program, the results are presented under two main sections: main findings and post-hoc analyses. The main findings focus on testing the primary hypotheses through 2 (time: pre-test and post-test) x 2 (group: intervention and control) repeated measures ANOVA. Post-hoc analyses were conducted to further explore the effects of covariates, to identify predictors of social

emotional resilience and to present a descriptive analysis of parents' qualitative feedback for the program's perceived impact on specific skill domains.

3.3.1 Main Findings

3.3.3.1 Child Social-Emotional Resilience

To test the hypothesis that children in the intervention group would demonstrate a statistically higher improvement in resilience scores over time compared to the control group, a 2 (time: pre-test and post-test) x 2 (group: intervention and control) repeated measures ANOVA was conducted. The main effect for time was statistically significant, $F(1, 192) = 8.37, p = .00$, indicating a significant overall change in social-emotional resilience from pre-test to post-test, regardless of group. However, the hypothesized time x group interaction was not significant, $F(1, 192) = 1.35, p = .24$, suggesting that the intervention group did not improve significantly more than the control group over time.

On the other hand, there was a significant main effect for group, $F(1, 192) = 4.36, p = .038$ (see Figure1). This indicates a significant difference between the intervention and control groups in post-test social emotional resilience scores, with the intervention group showing greater scores.

3.3.1.2 Prosocial Behaviors

The second hypothesis of this study was that children in the intervention group would show greater improvement in prosocial behaviors compared to the control group from pre-test to post-test. Using parent and teacher ratings, a 2 (time: pre-test,

post-test) x 2 (group: intervention, control) repeated measures analysis was conducted.

The analysis of parent rated prosocial behaviors indicated that the main effect of time was not significant, $F(1, 159) = 0.15, p = .698$. Additionally, the interaction between time and group was not significant, $F(1, 159) = 0.78, p = .380$, suggesting that the change in prosocial behaviors rated by the parents over time was consistent across different groups.

The analysis of teacher rated prosocial behaviors revealed that the main effect of time was significant, $F(1, 188) = 5.22, p = .02$. The interaction between time and group was not significant, $F(1, 188) = 0.41, p = .53$.

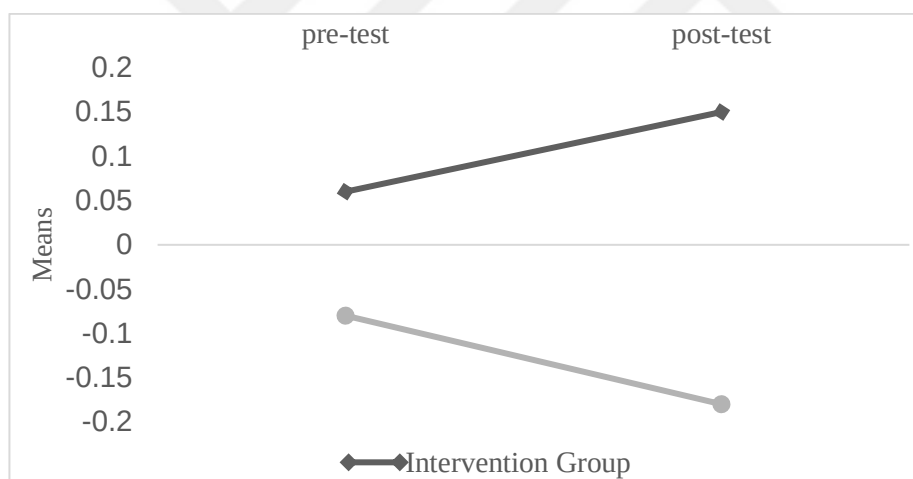


Figure 1. Intervention effect for children's social emotional resilience

3.3.1.3 Difficult Behaviors

The third hypothesis of this study was that children in the intervention group would show decrease in difficult behaviors compared to the control group from pre-test to post-test. Using parent and teacher ratings, a 2 (time: pre-test, post-test) x 2 (group: intervention, control) repeated measures analysis was conducted.

The analysis of parent ratings for child difficult behaviors indicated that the main effect of time was not significant, $F(1, 149) = 0.95, p = .33$. The interaction between time and group was also not significant, $F(1, 149) = 0.03, p = .87$, suggesting that the change in difficult behaviors over time did not vary between the intervention and control groups.

For teacher ratings of difficult behaviors, the repeated measures analysis showed a significant main effect of time, $F(1, 179) = 3.90, p = .05$. The interaction between time and group was also significant, $F(1, 179) = 6.93, p = .01$, suggesting that the change in difficult behaviors over time differed between the intervention and control groups (see Table 10 and Figure 2). Specifically, children in the intervention group demonstrated a greater reduction in difficult behaviors compared to the control group.

Table 10. Intervention Effects

Variables	Intervention Group		Control Group		Time x Group <i>F</i>
	Pre-test	Post-test	Pre-test	Post-test	
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
Social emotional resilience (child-rated)	0.06 (0.87)	0.15 (0.81)	-0.08 (0.85)	-0.18 (0.81)	1.35
Prosocial behaviors (parent-rated)	8.65 (1.56)	8.82 (1.59)	8.52 (1.44)	8.46 (1.53)	0.78
Prosocial behaviors (teacher-rated)	8.68 (2.04)	9.11 (1.58)	8.07 (2.38)	8.29 (2.25)	0.41
Difficult Behaviors (parent-rated)	10.37 (6.07)	9.81 (5.55)	11.79 (6.16)	11.42 (5.68)	0.03
Difficult Behaviors (teacher-rated)	6.48 (5.25)	4.94 (4.33)	5.61 (5.61)	5.67 (5.62)	6.93**

Note. * $p < .05$. ** $p < .01$.

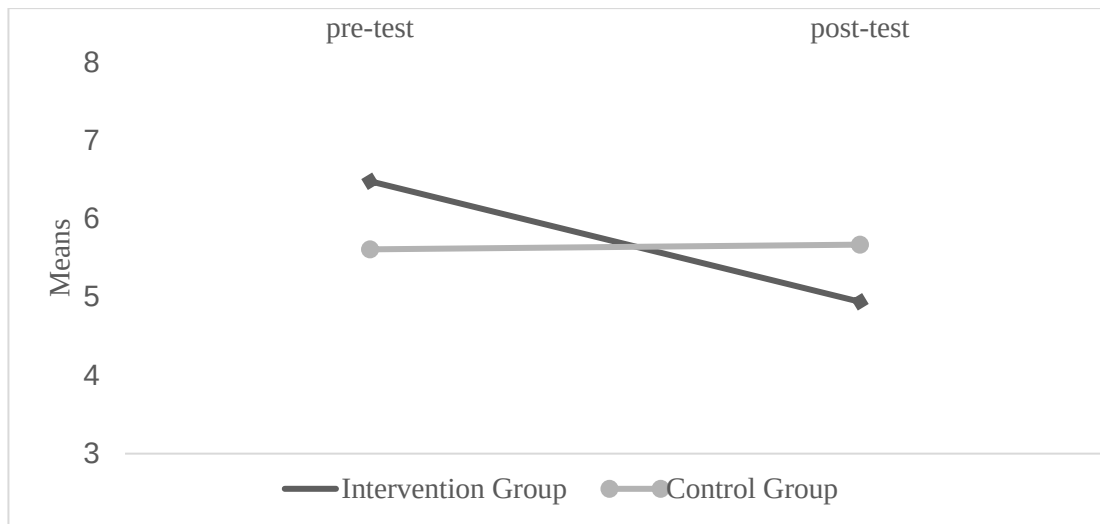


Figure 2. Intervention effect for teacher-rated difficult behaviors

3.3.2 Post-hoc analyses

3.3.2.1 Child social-emotional resilience

Post-hoc analyses were conducted to examine the effects of covariates of grade and sex on child social emotional resilience by a 2 (time: pre-test and post-test) x 2 (group: intervention and control) repeated measures ANOVA including grade and sex as covariates. The interaction between time and grade was significant, $F(1, 192) = 17.59, p < .00$, indicating that the change in social emotional resilience over time varied depending on the grade level. Conversely, the interaction between time and sex was not significant, $F(1, 192) = 0.42, p = .52$, suggesting no differential change over time based on sex.

Additionally, the data were analyzed separately for each grade using paired-samples t-tests to investigate the program's effect across grade levels. The results indicated that there was a significant difference in the scores for pre-test ($M = -0.17, SD = 0.82$) and post-test ($M = 0.09, SD = 0.80$): $t(85) = -2.634, p = .01$ for third grade children. For fourth grade students, there was not a significant difference in the

scores for pre-test ($M = 0.18$, $SD = 0.90$) and post-test ($M = 0.08$, $SD = 0.77$): $t(81) = 1.19$, $p = .24$. For fifth grade students, there was a significant difference in the scores for pre-test ($M = 0.01$, $SD = 0.81$) and post-test ($M = -0.51$, $SD = 0.91$): $t(27) = 3.18$, $p = .00$ (see Figure 3). These findings suggest that the program was most effective for third-grade students, had no measurable effect for fourth-grade students, and unexpectedly resulted in decreased social-emotional resilience for fifth-grade students.

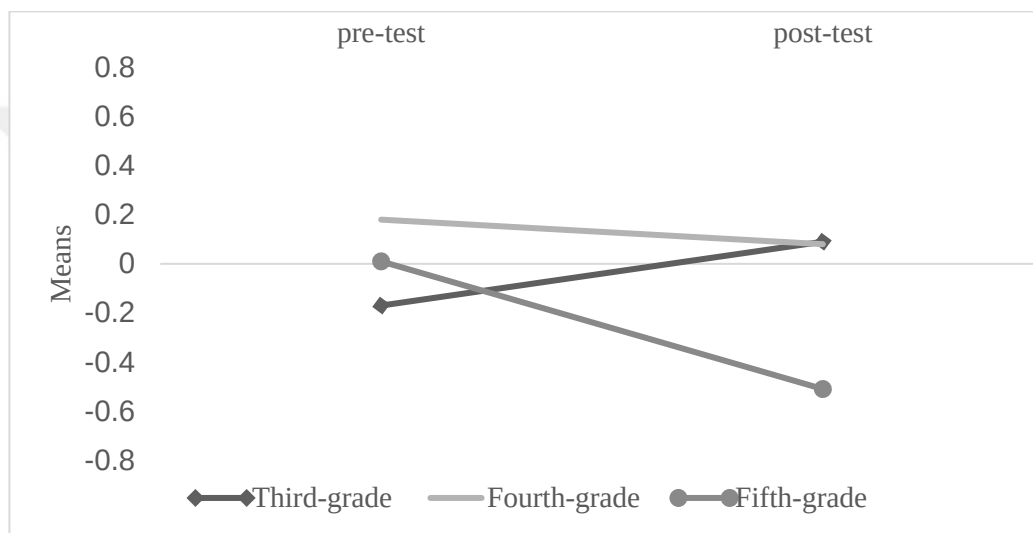


Figure 3. Interaction effect between time and grade

To further examine the predictors of post-test child resilience, a hierarchical regression analysis was used to assess the explained variance and the unique contribution of each predictor variable beyond what was accounted for by the ANOVA results. In the first step, pre-test child resilience was entered into the model, followed by the addition of group (intervention or control) in the second step. In the third step, grade (third, fourth, fifth) was entered, and finally, sex was added in the fourth step. The results showed that pre-test resilience significantly predicted post-test resilience, $R^2 = .449$, $F(1, 192) = 49.69$, $p < .00$. After adding group, R^2 change = .03, $F(1, 192) = 6.51$, $p = .01$, indicating that group explained additional variance

in post-test resilience. The inclusion of grade in step 3 showed an R^2 change = .06, $F(1, 192) = 15.21$, $p = .00$, with grade having a significant negative effect on post-test resilience. Finally, adding sex did not result in a significant change in R^2 , R^2 change = .001, $F(1, 192) = 1.45$, $p = .15$, indicating that sex was not a significant predictor (see Table 11).

Table 11. Hierarchical Regression Results for Social Emotional Resilience

Predictors	<i>B</i>	95% <i>CI</i>		<i>SE</i>	β	R^2	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step 1						.20	.20**
Constant	1.22	-0.10	0.10	0.05			
Pre-social emotional resilience	.43	0.31	0.55	0.06	.45**		
Step 2						.23	.22*
Constant	-.15	-0.30	0.01	0.08			
Pre-social emotional resilience	.42	0.30	0.54	0.06	.44**		
group	.27	0.06	0.47	0.11	.16*		
Step 3						.29	.27**
Constant	.08	-0.11	0.26	0.09			
Pre-social emotional resilience	.45	0.33	0.57	0.06	.47**		
group	.23	0.03	0.43	0.10	.14*		
grade	-.28	-0.43	-0.14	0.07	-.24**		
Step 4						.29	.28
Constant	.01	-0.19	0.22	0.10			
Pre-social emotional resilience	.43	0.31	0.55	0.06	.45**		
group	.22	0.02	0.42	0.10	.13*		
grade	-.29	-0.44	-0.15	0.07	-.25**		
sex	.15	-0.05	0.36	0.10	.09		

Note: $N = 196$; CI = ; confidence interval; *LL* = lower limit; *UL* = upper limit; ^a Control group = 0, intervention group = 1; ^b Third grade = 0, fourth grade = 1, fifth grade = 5; ^c Boy = 0, girl = 1. * $p < .05$. ** $p < .01$.

3.3.2.2 Parent ratings

Post-hoc analyses were also conducted for parent rated prosocial behaviors and difficult behaviors. The interaction between time and grade $F(1, 159) = 0.07$, $p = .790$ and the interaction between time and sex were not significant, $F(1, 159) = 0.23$,

$p = .63$. These results suggest that prosocial behaviors, as rated by parents did not significantly change over time, nor did these changes vary based on grade or sex.

The interaction between time and grade was also not significant for parent-rated difficult behaviors, $F(1, 149) = 0.71, p = .40$ and the interaction between time and sex were not significant, $F(1, 149) = 0.06, p = .81$.

3.3.2.3 Teacher ratings

The interaction between time and grade was marginally significant for teacher rated prosocial behaviors, $F(1, 188) = 3.00, p = .09$, suggesting a potential trend for the change in prosocial behaviors to vary across grade levels. The interaction between time and sex was not significant, $F(1, 188) = 0.11, p = .74$, indicating no differential change in prosocial behaviors based on sex.

However, the interaction between time and grade $F(1, 179) = 0.36, p = .55$ and the interaction between time and sex were not significant $F(1, 179) = 0.05, p = .83$ for teacher rated difficult behaviors.

3.3.2.4 Parents' feedback on children's skill development

Finally, qualitative feedback from parents was summarized to provide a broader perspective on their experience with the program. The results of these analyses are presented in detail under the following subheadings.

This section provides a descriptive analysis of parents' feedback, emphasizing the program's perceived impact on specific skill domains. Parents explained any changes they have noticed or observed in their children across eight skills areas: recognizing and expressing emotions, regulating emotions, problem-solving, social relationships, self-awareness and self-confidence, imagination and goal-setting, taking

responsibility, and sharing and helping. However, for the imagination and goal-setting and sharing and helping areas, parents generally expressed overall satisfaction or dissatisfaction with their children's abilities rather than providing specific changes they observed. Therefore, this section focuses on the feedback provided in the remaining skill areas (see Figure 4 for summary of the parent observations).

Recognizing and expressing emotions

A majority of the participants (82.42%) reported observing improvements in their children's ability to understand and express emotions following the program, while 9.89% indicated either no improvement or insufficient progress. Among all the parents, 56% specifically noted enhancements in their children's ability to express emotions. Parents shared examples such as, "Before the program, my child couldn't express his emotions, but now he can," and "Previously, he wouldn't talk about his feelings, but now he is more comfortable sharing them." Another parent remarked, "Through this program, my child can express her emotions in more detail," while one shared, "A understands us better, and we understand A better, because he can now express himself more clearly." Additionally, 14.28% of the parents mentioned that their children were now better able to calm themselves or recognize and acknowledge their emotions. For example, one parent noted, "Previously, she would get angry over the smallest things, but now she is more patient." Another shared, "He never used to realize when he was angry, but now he says, 'Why did I get so upset?'"

Regulating emotions

Parents also evaluated their children's emotion regulation skills. A total of 57.14% of parents reported improvement in their children's ability to regulate emotions after the

program. Among all the parents 24.17% provided detailed responses, noting improvements such as the ability to calm down, control emotions, think more positively, show empathy, stop from lying to avoid getting in trouble, and seek help when struggling with emotion regulation. For instance, one parent noted, 'He has started to manage his anger excellently.' Parents highlighted a shift towards optimism, as one stated, 'When receiving a low grade, she now thinks about how she can improve next time, rather than feeling hopeless.' and another said, 'Previously, when crying, my child wouldn't think of anything; now he thinks of good things.' Additionally, parents observed increased empathy, with comments like, 'He has started to care about others' feelings as well.' However, 16.48% of the parents reported that their children continued to experience challenges in emotion regulation. Examples provided included crying easily, becoming quickly irritated, and displaying heightened emotional sensitivity.

Problem-solving

Regarding problem-solving skills, 69.23% of parents observed improvements in their children, with 23% specifically emphasizing that their children could now solve problems independently. Some of the parents' comments included: "He is now more confident when faced with problems they can handle on their own; before, he couldn't do anything without me", "She can solve issues on her own" and "She handles problems herself but seeks our help when needed.". In addition, some parents reported that their children had become more solution-oriented, now trying to resolve issues through discussion and beginning to apologize when necessary. On the other hand, 10.99% of parents indicated that their children still struggled with problem-solving.

Social relationships

62.64% of parents reported observing improvements in their children's social relationships. Their feedback suggests that children have become more sharing, understanding, cooperative, and willing to form friendships. Some examples from parents' comments include: "He now gets along with friends without fighting", "I see her becoming more cooperative and understanding", and "After this program, she made close friends". 6.59% of parents, however, reported not observing any improvement in their children's social relationships, particularly noting that the behavior of sulking still continued.

Self-awareness and self-confidence

63.74% of parents reported observing improvements in their children's self-awareness and self-confidence. 34% of parents specifically noted an increase in self-confidence, sharing examples such as: "He is more confident", "He has become aware of his/her ideals", "She used to lack confidence and would say, 'I can't, but now says, 'I can'", and "She was very dependent on me, but now is able to do things without me." On the other hand, 12.09% of parents indicated that they did not observe significant progress in their children's self-awareness and self-confidence. Three parents shared that they believed their child's shyness would prevent the development of self-confidence.

Taking responsibility

38.46% of parents reported observing improvements in their children's ability to take responsibility. Parents provided examples such as, "He started completing assigned tasks and homework on time", "She is now more aware of her responsibilities", and

“He began fulfilling the responsibilities he took on.” On the other hand, 12.09% of parents indicated that their children continued to face challenges in taking responsibility.

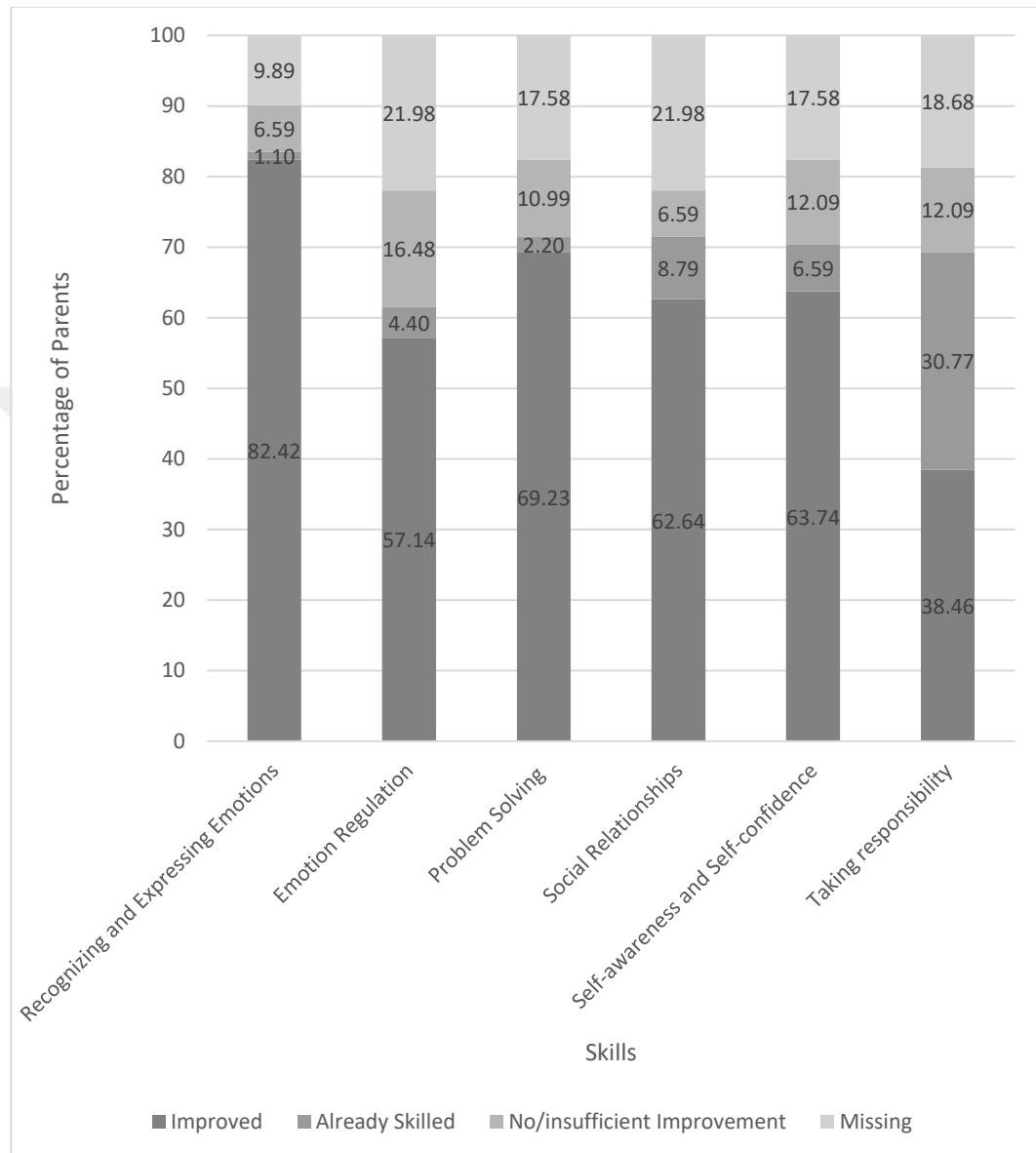


Figure 4. Summary of the parent observations

CHAPTER 4

DISCUSSION

The primary aim of this study was to design, implement, and evaluate the effectiveness of a skills-based education program, I Can Do It, If I Know, which was developed to enhance the resilience and social-emotional skills of children aged 7-11. The program was implemented in three schools in Izmir through a randomized cluster design. Children's psychological resilience and social-emotional skills were assessed through self-reports, while their prosocial behaviors and difficult behaviors and were evaluated by their parents and teachers. In this chapter, the findings of this study, its strengths and limitations, as well as implications for practice and future research directions will be discussed.

4.1 Review of findings

4.1.1 Intervention effects based on child-rated social emotional resilience

I Can Do It, If I Know was designed to enhance children's psychological resilience and related skills, closely linked to social-emotional development and self-efficacy. Hence, we hypothesized that after completing the program, children in the intervention group would show greater improvements in these skills compared to children in the control group. According to children's ratings, the results showed a significant group effect indicating that there were differences between the intervention and control groups in terms of their post-test social emotional resilience scores. However, the interaction between groups over time was not significant, indicating that the change from pre-test to post-test was similar for both groups.

A potential reason for the lack of statistical significance is the ceiling effect observed in pre-test scores. Both groups began with high baseline resilience levels, which resulted in limited potential for measurable improvement. Ceiling effects frequently occur in resilience-focused assessments, particularly when participants are close to the upper limit of a scale (Challen et al., 2011; Arias González et al., 2020). Additionally, the use of three-point Likert scales in the Social Emotional Skills Perception Scale may have further contributed to this issue by restricting the range of possible responses. This limited response variability could have made it harder to detect subtle changes over time when initial scores are high and variability is low. Future research should consider using assessment tools with a wider range of response options to enhance sensitivity to small but meaningful improvements in resilience levels.

An interesting finding in this study was the variability in the intervention's impact across different grades. While 3rd-grade students showed significant improvements in resilience scores after the intervention, 5th-grade students experienced a decline in their scores. This discrepancy may be due to differences in both developmental factors and the fidelity of intervention delivery across grade levels. Research indicates that resilience interventions are more effective when they are at earlier developmental stages. Younger children are generally more receptive to structured interventions due to their greater neuroplasticity and developing social-emotional skills (Luthar, 2006; Masten & Gewirtz, 2006). Additionally, early interventions provide more opportunities to develop foundational skills before potential challenges in adolescence emerge (Zoritch, Roberts, & Oakley, 1998).

Furthermore, it is important to recognize that 5th-grade students are in early adolescence, a developmental stage characterized by significant cognitive, emotional,

and social changes. During this period, students often experience heightened self-awareness, increased peer influence, and greater sensitivity to social comparisons, making adjustment more challenging (Kapur, 2015). Additionally, the transition to middle school may introduce further stressors, such as increased academic demands, changing peer dynamics, and new expectations for independence. These developmental and contextual challenges may contribute to the observed decline in resilience scores among 5th graders. Future research should investigate how these factors interact with intervention outcomes and consider tailored strategies to support students as they navigate this transitional period.

The observed differences in intervention outcomes may also be due to inconsistencies in how the program was implemented across grade levels. Specifically, the program was delivered by different facilitators at each grade level, which may have contributed to variations in implementation fidelity and outcomes. Intervention fidelity—the degree to which a program is delivered as intended—is critical for achieving desired outcomes. Variations in the implementation process, such as differences in teacher engagement, program pacing, or adherence to guidelines, may have influenced the results in older students (Durlak & Dupre, 2008; Fixsen et al., 2005). To maximize the effectiveness of interventions and minimize variability in outcomes, it is crucial to ensure that they are implemented consistently across different contexts. These findings highlight the importance of early, consistent, and high-fidelity delivery of interventions to promote resilience effectively. They also underscore the need for targeted strategies to adapt interventions for different developmental stages, ensuring that older students' needs and capacities are adequately addressed.

The hierarchical regression analysis provided valuable insights into the factors influencing post-test child resilience. As expected, pre-test resilience was a significant predictor of post-test resilience, consistent with the established stability of resilience over time (e.g., Rutter, 1987; Wagnild, 2009). Additionally, it supports previous research indicating that initial levels of resilience strongly influence future outcomes. Resilience is often viewed as a dynamic process that evolves through continuous interactions with individual experiences and environmental factors (Luthar & Zelazo et al., 2000).

The finding that being part of the intervention group (as opposed to the control group) explained additional variance highlights the potential impact of the program, supporting its effectiveness in fostering resilience. However, the negative association between grade and post-test resilience suggests that older students, particularly those in 5th grade, may face developmental challenges, such as increased academic pressures or social and emotional dynamics, that could weaken the program's effects. Furthermore, differences in program implementation fidelity across grades might have contributed to this finding, as younger children may have been more engaged with intervention activities due to age-appropriate content and delivery methods (Lendrum et al., 2016).

4.1.2 Quantitative findings regarding intervention effects (Parent ratings)

It was hypothesized that children in the intervention group would show more significant improvements in their prosocial behavior scores and a decrease in difficult behaviors, as rated by their parents, compared to the children in the control group between the pre-test and post-test. However, parent-rated prosocial behaviors

did not significantly change over time and were not influenced by grade, sex, or group membership.

The lack of significant findings related to the intervention effects may suggest that the data on prosocial behaviors were negatively skewed, indicating that these behaviors were already relatively high at the baseline, which left little room for improvement (Challen et al., 2010; Higgen & Mösko, 2021). Furthermore, this finding is consistent with previous research indicating that during middle childhood, there may be a decline in prosocial behaviors due to underlying psychopathology, including both externalizing and internalizing symptoms (Huber, Plötner, & Schmitz, 2019). This decline could help explain the lower levels of engagement and effectiveness observed among older students, as externalizing behaviors may diminish cooperative tendencies, while internalizing symptoms may hinder social initiative.

Furthermore, this finding suggests that parent evaluations may have some limitations in detecting subtle changes over time. The Strengths and Difficulties Questionnaire (SDQ) used in this study consists of only five items, which might not provide parents with enough information to identify gradual changes in their children's prosocial behaviors (Gresham et al., 2010; Renk & Phares, 2004). Besides, previous research has shown that parental evaluations of prosocial behavior may be limited by their focus on specific contexts, such as family interactions (Padilla-Walker et al., 2016). Because parents are less likely to directly observe prosocial behaviors directed towards peers or strangers, their reports may not accurately reflect the complex nature of their children's prosocial tendencies.

There were also no significant changes in difficult behaviors reported by parents over time, regardless of group, grade, or sex. However, further analysis

showed that, the intervention group experienced a significant reduction in emotional problems from pre-test to post-test, while no significant changes were found in other areas, such as behavioral problems, hyperactivity, inattention, or peer relationship issues. In contrast, the control group showed no significant differences across any of these subscales. These findings suggest that the program had a specific positive effect on emotional problems, aligning with previous research by Gizir (2007). This research identifies emotional problems or symptoms as key competence factors in resilience studies. However, the intervention did not significantly influence broader behavioral or social difficulties.

4.1.3 Intervention effects based on teacher ratings

It was hypothesized that children in the intervention group would improve their prosocial behavior scores and reduce difficult behaviors as rated by their teachers' more than the children in the control group between pre- and post-test.

In contrast to the parent ratings, teacher ratings revealed significant improvements in prosocial behaviors over time, with the intervention group showing a clear positive change between pre-test and post-test, as indicated by the paired samples t-test. However, the lack of significant interaction between time and group suggests that this improvement was observed similarly across both the intervention and control groups. Interestingly, the marginally significant interaction between time and grade suggests that changes in prosocial behaviors might vary across different grade levels. Specifically, when the data were examined by grade, the interaction between time and group showed a significant effect for 3rd graders, but not for 4th or 5th graders. This finding suggests that the program's impact on prosocial behaviors may be more pronounced for younger children, which aligns with the notion that

younger children may be more receptive to interventions targeting social skills (Ladd, 2005; Masten & Reed, 2002). Younger children, in the early stages of social development, are generally more malleable in terms of social learning, whereas older children, who have already developed more stable social behaviors, may show less noticeable changes (Cantor, et al., 2021). Additionally, older children, particularly those in early adolescence, are often exposed to more complex and multifaceted stressors, including increased academic expectations, shifting peer relationships, and identity exploration, which may make behavioral changes less apparent (Kapur, 2015).

The skewed distribution of ratings further suggests that teachers also reported relatively high baseline prosocial behaviors in children, which may have made it difficult to detect further changes. This pattern is consistent with the findings from parent ratings, where high initial scores can limit the visibility of changes over time, potentially leading to a ceiling effect (Higgen & Mösko, 2021). This ceiling effect restricts the ability to identify improvements when baseline scores are already high.

As with the parents' observations, the teacher ratings highlight the importance of combining both quantitative and qualitative data to fully understand the impact of the program. Qualitative perceptions often uncover more detailed and individualized changes that standardized assessments may not fully capture (Creswell & Plano Clark, 2017; Tashakkori & Teddlie, 2003).

The analysis of teacher-rated difficult behaviors showed a significant interaction between time and group which indicates that the reduction in difficult behaviors over time was greater for children in the intervention group compared to the control group. This suggests that the program was particularly effective in addressing difficult behaviors, providing strong evidence for the program's role in

enhancing children's behavioral regulation, as has been demonstrated in previous studies of interventions targeting emotional and behavioral regulation (Liddle, 2004; Webber et al., 2012).

Interestingly, the interaction between time and sex was not significant, indicating that the observed improvements in difficult behaviors were consistent across sexes. This consistency suggests that the program was effective in reducing difficult behaviors regardless of sex, which aligns with prior research indicating that social-emotional programs can produce significant results across both sexes (Schonert-Reichl & Hymel, 2007; Zins et al., 2004).

It is important to note that while parent ratings did not reflect these changes in difficult behaviors, teachers observed this effect in the classroom. One possible explanation for this discrepancy is that teachers are more attuned to externalizing behaviors such as aggression, impulsivity, or inattention, which may be more observable in the school environment than at home (Levinson, et al., 2021).

Additionally, the structured nature of the classroom makes it easier for teachers to observe changes in behavior (Rimm-Kaufman & Sandilos, 2014). This highlights the importance of considering different perspectives when assessing the effectiveness of behavioral interventions. On the other hand, it is also possible that teachers' awareness of which classes were in the intervention group may have influenced their evaluations, potentially introducing bias in their assessments. Research suggests that when assessors are not blind to group allocation, their expectations may unconsciously shape their observations, leading to inflated treatment effects (Sharpe et al., 2003).

4.1.4 Qualitative data regarding intervention effects (Parent feedback)

The qualitative feedback from parents in our study provides a valuable complement to the quantitative findings. While the standardized assessments indicated limited significant changes, parents reported noticeable improvements in their children's skills in areas targeted by the program. These areas included emotional regulation, self-awareness and self-confidence, problem-solving, responsibility-taking, and social relationships. These qualitative observations suggest that while the SDQ may not have captured improvements in these broader domains, parents perceived meaningful changes beyond what was measurable through the SDQ.

One possible reason for this discrepancy could be that the SDQ, a widely used tool for assessing behavioral outcomes, may not fully reflect the intervention's impact on more nuanced skills like self-awareness or emotional expression. In contrast, the qualitative feedback collected through open-ended parental observations allowed for a broader interpretation of the children's development, highlighting positive changes that may have been more context-specific. For instance, improvements in self-regulation and communication, though not explicitly measured by the SDQ, were evident in parents' descriptions of their children's behaviors after program.

These qualitative findings underscore the importance of supplementing standardized measures with more subjective, observational data to provide a more comprehensive view of the program's impact. Previous research, such as that by Elliott and Gresham (2007), suggests that combining quantitative assessments with qualitative feedback can help capture a wider range of developmental changes, especially those that are difficult to quantify but are meaningful in everyday life.

The discrepancy between parent-rated SDQ scores and qualitative observations also points to the need for future studies to consider mixed-method approaches, integrating both quantitative and qualitative data to more fully understand the effects of interventions.

While parents observed significant improvements in various aspects of their children's socio-emotional development, they did not provide notable feedback regarding goal-setting, dreaming, sharing, and helping behaviors. These areas, which were among the program's expected outcomes, were not frequently highlighted by parents as areas of change, with many indicating that their children were already proficient in these behaviors prior to the intervention. Thus, the program may have had limited room to demonstrate significant changes in these specific skills. This observation could also point to the possibility that the program's impact was more indirect or less easily observable in these specific domains, suggesting that future interventions might benefit from a greater emphasis on activities or strategies that specifically target these skills. Moreover, it is important to consider the subjective nature of parents' perceptions, as they may have different expectations or be more attuned to certain behaviors in their children.

In summary, the study demonstrated some important effects of the intervention. According to children's ratings, those in the intervention group had significantly higher social-emotional resilience scores after the intervention compared to those in the control group. Additionally, a significant improvement in social-emotional resilience was observed between pre-test and post-test scores, especially among third-grade children based on teacher ratings. The intervention group also indicated a more significant decrease in difficult behaviors compared to the control group. Feedback from parents through qualitative data emphasized

positive changes in several key areas, such as recognizing and expressing emotions, managing emotions, problem-solving, social interactions, self-awareness, self-confidence, and accepting responsibility.

4.2 Strengths of the study

A key strength of this study is its implementation within the school setting. Schools play an essential role in promoting psychological resilience by providing a structured environment where protective factors such as teacher support, peer relationships, and school resources can improve children's social-emotional development (Brooks, 2006; Henderson, 2012). Research has shown that school-based resilience programs are particularly effective at improving the psychological resilience of children and adolescents (Türk & Şahin, 2015). In this study, instead of assessing their students' academic progress as usual, teachers focused on developing social-emotional skills, thus adopting a more holistic approach to child development. Additionally, school counselors who were actively involved in implementing the program reported that it facilitated closer relationships with students, allowing for more effective individual support. This comprehensive approach within the school environment highlights the potential of such programs to create positive changes in both students' behavior and the overall school atmosphere.

While the school environment offers numerous benefits for resilience programs, it also presents unique challenges. A common challenge in school-based interventions is that it is often not feasible to completely separate intervention and control groups. Even when classrooms or schools are randomized, students in the control group may still be indirectly influenced by the intervention through interactions with peers, shared environments, or teacher influences (VanderWeele et

al., 2013). These spillover effects can potentially weaken the observed differences between the groups. However, the measurable improvements demonstrated by the intervention group indicate that the program had a meaningful impact, despite these shared influences. This reinforces the effectiveness of school-based resilience programs. Another strength of the study is its cluster randomized controlled trial design, which is ideal for educational research. This approach accounts for the interdependence of participants within groups and facilitates comparisons between intervention and control groups using pre- and post-test measures. By randomizing at the group level, the cluster randomized controlled trial design supports practical interventions in real-world settings like schools (Schochet, 2008).

Another strength of the study is the use of multiple informants to assess children's social-emotional development, including parents, teachers, and the children themselves. The incorporation of multiple raters is important because it provides a more comprehensive view of the children's progress, capturing behaviors and changes from different contexts. Research has shown that relying on a variety of sources can help to diminish individual biases and offer a more nuanced understanding of the child's abilities (De Los Reyes et al., 2015). Furthermore, this approach is consistent with best practices in developmental research, which emphasize the importance of incorporating diverse perspectives when assessing complex constructs such as social emotional skills and resilience. Overall, the use of multiple informants enhances the validity of the results and ensures a more holistic evaluation of the program's impact.

Another strength of this study lies in the feedback provided by parents, which gave us valuable qualitative insights into the program's effects. While the quantitative data primarily focused on standardized measures, the qualitative

feedback from parents allowed for a richer understanding of how children's social-emotional resilience developed over the course of the program. Parents' observations of their children's behaviors and skills offered important context and helped us interpret the changes observed in the children, particularly in areas like emotional expression, regulation, and problem-solving. These findings highlighted the complexity of behavior change and emphasized the importance of including both quantitative and qualitative data to fully capture the program's impact.

Lastly, this study also provided a valuable opportunity to assess the feasibility of the *I Can Do It If I Know* program within a school environment as well assessing intervention effectiveness. This pilot implementation indicated us that three school counselors volunteered to implement the program, and three school principals approved its use. The content and activities of the program were considered feasible by those who implemented it. Additionally, children showed interest in the program and engaged in the activities. The program could be implemented consistently over a period of 11 weeks during guidance hours without any interruptions. Even though the program still requires significant improvement and development, this pilot feasibility and effectiveness trial has provided valuable insights into its practical implementation within the school context.

4.3 Limitations of the study

This study has several limitations that should be acknowledged for a balanced interpretation of the findings. First, the generalizability of the results is limited by the sample, which consisted only of students from three public schools in İzmir. This restricts the applicability of the findings to other regions or diverse educational

settings. Future studies should aim to replicate the program with larger and more geographically varied samples to improve external validity.

Along with the issue of generalizability, another limitation of the study concerns the variability between the three schools included in the sample. It is important to note that data were collected from three different schools: one located in central İzmir and the other two in the Seferihisar district. Although all three schools were public and had similar demographic characteristics among participants, there may still be qualitative differences between them that are not easily measurable. These unquantified differences, such as school culture, teacher practices, or community influences, could have affected the results and introduced variability that limits the generalizability of the findings. To ensure a more accurate comparison, future studies could either focus on a single school or gather more detailed data on the qualitative characteristics of the schools involved, to account for these potential influences on the findings.

Second, the teachers who assessed the children's prosocial and difficult behaviors were not blind to the assignments of the intervention and control groups. This lack of blinding may have influenced their ratings. Prior research suggests that assessors who know the group assignments might unconsciously attribute greater improvements to the intervention group (Sharpe, Ryan, Allard, & Sensky, 2003). This potential bias could have affected the validity of the outcomes reported by teachers. Future studies should consider implementing blinding procedures or incorporating additional objective measures to minimize such biases.

Third, implementation fidelity poses another concern. The program was delivered by three different school counselors, which may have introduced variability in its application. Although these counselors received initial training and supervision,

differences in their delivery methods might have affected the program's effectiveness. In addition, the training and supervision provided to the implementers were limited. A two-day training session and on-demand (rather than pre-planned) supervision while helpful, may not have been sufficient to ensure uniformity and high-quality delivery. To enhance the program's effectiveness, it would be beneficial to develop comprehensive training modules that focus on uniform delivery methods and evidence-based practices. Regular assessments and feedback loops for counselors could also ensure that they remain aligned with the program's core objectives. Additionally, implementing ongoing professional development opportunities can help counselors refine their skills and adapt to emerging best practices, fostering a more cohesive program experience for students. Ultimately, prioritizing implementation fidelity is essential to maximizing the potential benefits of the program and ensuring that all students receive the same high-quality support.

Measurement sensitivity is another potential limitation. The assessment tools used to measure change might not have been sensitive enough to detect minor improvements resulting from the intervention. In particular, the Strengths and Difficulties Questionnaire (SDQ) and the Social Emotional Skills Perception Scale, both of which use a three-point Likert scale, may have lacked to capture subtle changes in children's behaviors and skills. Future research could employ more comprehensive and multidimensional assessment instruments to gain deeper insights into the program's impact.

Finally, parental involvement in the program was limited. While parents received weekly summary letters including guidance on how to support their children at home, more active participation through dedicated parent-focused sessions might have enriched the program's effectiveness. Including parents as active participants

could foster a more holistic developmental framework and strengthen the intervention's overall impact.

4.4 Implications for practice and future research

Future research should place equal emphasis on supporting the systems surrounding the child. Acknowledging the critical roles of micro (e.g., family, school, neighbors) and macro systems (e.g., community, cultural norms), researchers have argued for interventions that integrate these broader ecological systems into their design (Masten, 2014). Similarly, Ungar (2014) emphasizes that the most effective school-based interventions are collaborative, multisystemic, and culturally relevant, responding to the expressed needs of children. This underscores the importance of designing resilience programs that extend beyond the individual and involve family, educators, and the broader community as active participants. Thus, resilience programs should aim to balance individual skill development with systemic support strategies. By doing so, they can create a protective network around children that reinforces their psychological well-being while addressing contextual and cultural factors that influence their resilience.

The program should be reevaluated with careful consideration of its strengths and areas for improvement. Gathering detailed feedback from implementers and participants could provide valuable insights for ongoing revisions. Specific focus could be placed on strengthening sessions outside the core domains of socio-emotional development, self-efficacy, and problem-solving to ensure a more comprehensive skill set is addressed. Expanding the depth and variety of these sessions may enhance the program's overall impact on children's development.

Future studies should complement quantitative measures with qualitative approaches to gain a deeper understanding of the program's effects. Qualitative methods such as interviews, focus groups, or observations can provide nuanced insights into participant experiences and the mechanisms behind observed changes.

Future studies could benefit significantly from comparing the program's effectiveness in children who are at risk or those exhibiting behavioral problems. By focusing on specific risk groups, researchers can gain a more nuanced understanding of the program's impact across diverse populations. For instance, children facing socioeconomic challenges, those with a history of trauma, or those displaying signs of anxiety or depression may respond differently to interventions aimed at enhancing psychological resilience. Conducting targeted assessments to identify these at-risk children is crucial, as it allows practitioners to tailor interventions to meet their unique needs.

In this study, standardized scales were used to measure the program's outcomes. However, these scales may not have fully aligned with the specific goals of the program, potentially limiting their ability to capture the program's true impact. Recognizing that standardized measures can sometimes overlook nuanced outcomes, it is essential to develop tailored evaluation tools that reflect the unique dimensions of the program. Future studies could focus on creating these specific scales, incorporating both qualitative and quantitative methods to capture a holistic view of the program's effects. For instance, combining survey data with interviews can provide richer insights into how participants experience changes in their resilience. Overall, a tailored approach to outcome measurement will enhance the accuracy and relevance of evaluations, ultimately leading to more effective programming that meets the needs of its participants.

APPENDIX A

A SAMPLE OTLINE FOR PROGRAM SESSIONS

Session 2: I Can Recognize My Emotions

Objective of the Session: To help children recognize and understand their emotions. Particularly, to help them realize that avoiding feelings like anger or harming oneself or others is not healthy.

Materials:

- Balloons
- Puppets

Session Plan

Subtopics	Goals	Methods	Duration
Introduction	Increase engagement through a warm-up game	Game	5 minutes
Recognizing Emotions	Help them label their emotions Help them recognize how emotions are felt in the body Encourage thinking about which emotions might occur in different	Explanation Q&A Role-play Game	30 minutes
Coping with Emotions	Help them understand the importance of expressing emotions Help them express emotions without harming themselves or others Teach children relaxation exercises for self-regulation	Explanation Role-play Q&A Exercise	35 minutes
Evaluation and Closing	Gather feedback on the session Reinforce the topic and prepare for the next week	Q&A Homework	10 minutes

APPENDIX B

A SAMPLE OTLINE FOR PROGRAM SESSIONS (TURKISH)

2. Oturum: Duygularımı Tanıyabilirim

Oturumun amacı: Çocukların duygularını tanımaları ve anlamalarını sağlamak.

Özellikle öfke duygusundan kaçmanın ya da kendine ve başkalarına zarar vermenin sağlıklı olmadığını fark etmelerini sağlamak.

Malzemeler:

- Balonlar
- Kuklalar

Oturum Planı

Alt başlıklar	Amaçlar	Yöntemler	Süre
Giriş	Isınma oyunu ile oturuma ilgilerini artırmak	Oyun	5 dk
Duyguları Tanıma	Duygularını isimlendirmelerini sağlamak Duyguların bedende nasıl hissedildiğini fark etmelerini sağlamak Hangi durumlarda hangi duygular yaşanabileceğini düşünmelerini sağlamak	Anlatım Soru-cevap Canlandırma Oyun	30 dk
Duygularımızla Başa Çıkma	Duyguları ifade etmenin önemini anlamalarını sağlamak Duyguları kendine ve başkalarına zarar vermeden ifade edebilmelerini sağlamak Çocukların kendileri için rahatlama egzersizi öğrenmelerini sağlamak	Anlatım Canlandırma Soru-cevap Egzersiz	35 dk
Değerlendirme ve Kapanış	Oturum ile ilgili değerlendirmeleri almak Konunun pekişmesi ve sonraki haftaya hazırlık yapılmasını sağlamak	Soru-cevap Ev çalışması	10 dk

APPENDIX C

APPROVAL FROM THE INSTITUTIONAL REVIEW BOARD FOR RESEARCH WITH HUMAN SUBJECTS ENVIRONMENTAL ETHICS COMMITTEE

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
İnsan Araştırmaları Kurumsal Değerlendirme Alt Kurulu

Sayı: 45-2018

01 Kasım 2018

Hatice Pinar Arslan
Psikoloji

Sayın Araştırmacı,

"Dayanıklılık Temelli Bir Müdahale Programı ile Çocukların Psikolojik İyi Olma Durumlarının Desteklenmesi" başlıklı projeniz ile ilgili olarak yaptığımız SBB-EAK 2018/47 sayılı başvuru İNAREK/SBB Etik Alt Kurulu tarafından 01 Kasım 2018 tarihli toplantıda incelenmiş ve uygun bulunmuştur.


Doç. Dr. Mehmet Yiğit Gürdal


Doç. Dr. Gül Sosay


Doç. Dr. Ebru Kaya


Dr. Öğr. Üyesi İnci Ayhan


Dr. Öğr. Üyesi Nur Yeniçeri

APPENDIX D

PARENT INFORMATION AND CONSENT FORM (INTERVENTION GROUP)

Institution Supporting the Study: Boğaziçi University

Title of the Study: Supporting Children's Psychological Well-Being Through a Resilience-Based Intervention Program

Project Supervisor: Prof. Serra Müderrisoğlu

Researcher's Name: Hatice Pınar Demirci

Dear Parent,

A scientific research project titled “Supporting Children's Psychological Well-Being Through a Resilience-Based Intervention Program” is being conducted by Prof. Serra Müderrisoğlu, a faculty member at Boğaziçi University's Psychology Department, and Hatice Pınar Demirci, a Clinical Psychology Master's student. The aim of this study is to evaluate the effectiveness of an 11-session prevention program, titled *I Can Do It If I Know*, designed to support children's skills in coping with challenges. The study will compare the skills and well-being of two groups of children—those who participated in the program and those who have not—before and after the program. If you consent for your child to participate, the sessions will be conducted once a week during your child's class guidance hour over a span of 11 weeks. Approval for your school's participation has been obtained from your school principal. We invite you, as parents, to contribute to this study by allowing your child to participate. Before making your decision, we would like to provide you with detailed information about the study. If you decide to allow your child to participate, please sign and return this form in a sealed envelope.

The *I Can Do It If I Know* program aims to enhance children's coping and problem-solving skills. The weekly sessions include group activities that help children recognize their abilities, build self-confidence, communicate effectively, strengthen emotion regulation and problem-solving skills, set goals, foster hope, and take responsibility. The skills acquired through this program are intended to be life-long, benefiting children in school, at home, with friends, within the family, and in social settings. The support of you, the parents, is crucial in the development of these skills. Throughout the program, we will send you weekly parent letters to guide you on that week's topics.

In addition to participating in the program, we kindly ask your child to complete a 48-item survey both before and after the program. This survey, estimated to take about 40 minutes, will be conducted during the guidance hour with the support of school counselors.

We also ask you, as the parent, to complete a 25-item survey about your child both before and after the program, which should take no more than 10 minutes to complete. Additionally, we will request you to complete a 9-item open-ended evaluation form about the changes you observed in your child after the program, which is expected to take approximately 15 minutes.

This study is being conducted for scientific purposes, and participant confidentiality will be strictly maintained. Rather than focusing on individual assessments, the data collected will be evaluated as a whole, and children's names will be replaced with a unique code in all analyses and reports.

Participation in this study is entirely voluntary. If you consent for your child to participate, you retain the right to withdraw your consent at any stage of the study without providing a reason. This study aims to evaluate the effectiveness of the

program and does not seek to assess your child's or your individual skills. For additional information about the research project, please contact Hatice Pınar Demirci, Clinical Psychology Master's student at Boğaziçi University.

If you agree to your child's participation, please sign this form and return it to us in a sealed envelope.

I, (Participant's Name), have read the above information and fully understand the scope and purpose of the study and my voluntary responsibilities. I have had the opportunity to ask questions about the study. I understand that I can withdraw from the study at any time and without providing a reason, and I will not face any negative consequences as a result.

Under these conditions, I voluntarily agree to my child's participation in the study without any pressure or coercion.

I have received a copy of this form / I do not wish to keep a copy of this form (in this case, the researcher will keep this copy).

Participant's (Child's) Full Name:

Parent's Full Name:

Signature:

Date (dd/mm/yyyy):

Researcher's Full Name:

Signature:

Date (dd/mm/yyyy):

APPENDIX E

PARENT INFORMATION AND CONSENT FORM (INTERVENTION GROUP)

(TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Dayanıklılık Temelli Bir Müdahale Programı ile Çocukların

Psikolojik İyi Olma Durumlarının Desteklenmesi

Proje Yürütücüsü: Prof. Serra Müderrisoğlu

Araştırmacının adı: Hatice Pınar Demirci

Sayın veli,

Boğaziçi Üniversitesi Psikoloji Bölümü öğretim üyesi Prof. Serra

Müderrisoğlu ve Klinik Psikoloji Yüksek Lisans öğrencisi Hatice Pınar Demirci

tarafından “Dayanıklılık Temelli Bir Müdahale Programı ile Çocukların Psikolojik

İyi Olma Durumlarının Desteklenmesi” adı altında bilimsel bir araştırma projesi

yürütülmektedir. Bu çalışmanın amacı çocukların zorluklarla baş edebilme

becerilerinin desteklenmesini hedefleyen 11 oturumluk “Bilirsem Yapabilirim” isimli

bir önleme programının etkisini incelemektir. Çalışmada programı alan ve henüz

almayan iki grubun program öncesi ve sonrası durumları ve becerileri

karşılaştırılacaktır. Çocuğunuzun bu çalışmaya katılmasını kabul ettiğiniz takdirde,

11 hafta boyunca, haftada bir gün öğretmen rehberlik saati

içinde çocuğunuzun sınıfındaki öğrencilerle bu çalışmayı yürütecektir. Müdürünüz

okulunuzun bu çalışmaya katılması için onay verdi. Çocuğunuzun bu programa

katılması ve gerçekleştirilecek araştırmada bize yardımcı olmanız için siz velilerimizi

de projemize davet ediyoruz. Kararınızdan önce araştırma hakkında sizi

bilgilendirmek istiyoruz. Bu bilgileri okuduktan sonra çocuğunuzun programa ve

araştırmaya katılmasını isterseniz lütfen bu formu imzalayıp kapalı bir zarf içinde bize ulaştırınız.

“Bilirsem Yapabilirim” Program, çocukların baş edebilme ve problem çözme potansiyellerini ortaya çıkarmayı hedeflemektedir. Haftada bir uygulanacak oturumlarda, çocukların becerilerinin ve yapabileceklerinin farkına varmalarını, kendilerine güvenebilmelerini, etkili iletişim kurmalarını, duygu düzenleme ve problem çözme becerilerini güçlendirmelerini, kendilerine hedef koyabilmelerini, umutlu olabilmelerini ve sorumluluk alabilmelerini amaçlayan çeşitli grup etkinlikleri yer alır. Programda kazanılan beceriler okulda, evde, arkadaşlıklarda, ailede ve sosyal ortamlarda yaşam boyu kullanabilecekleri becerilerdir. Bu becerilerin gelişiminde çocuklarınızın yakınları olan siz ebeveynlerin de desteği çok önemlidir. Program boyunca her hafta size o haftanın konusunu içeren ve size de rehberlik edecek ebeveyn mektupları göndereceğiz. Programa katılmanın yanı sıra çocuğunuzdan program öncesinde ve sonrasında 48 soruluk bir anket doldurmasını rica edeceğiz. Ortalama 40 dakika süreceği ön görülen bu çalışmanın rehberlik saatinde rehber öğretmenlerin desteği ile yapılması planlanmaktadır.

Sizden de araştırmaya katılan çocuğunuz için programın uygulanmasına başlamadan önce ve program bittikten sonra 25 soruluk bir anket doldurmanızı rica edeceğiz. Bu anketi doldurmak en çok 10 dakikanızı alacaktır. Ayrıca, program sonrası çocuğunuzda hedeflenen becerilere yönelik gözlemlediğiniz değişimleri yazacağınız 9 maddelik bir açık uçlu değerlendirme formu doldurmanızı rica edeceğiz. Bu formu doldurmak ise en çok 15 dakikanızı alacaktır.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Her çocuğun bireysel değerlendirilmesinden ziyade

toplanan veriler bir bütün olarak değerlendirilecektir ve analizlerde ve raporlarda çocukların ismi yerine bir numara kullanılacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Çocuğunuzun bu çalışmaya katılımına onay verdiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekmek hakkına da sahipsiniz. Bu araştırma, geliştirilen programın etkisini ölçmek amacıyla, yani çocuğunuzun ya da sizin bireysel becerilerini ölçmek amaçlanmaz. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Psikoloji Bölümü Klinik psikoloji yüksek lisans öğrencisi Hatice Pınar Demirci ile temasa geçiniz.

Eğer çocuğunuzun çalışmaya katılmasını kabul ediyorsanız, lütfen bu formu imzalayıp kapalı bir zarf içerisinde bize geri yollayın.

Ben, (katılımcının adı), yukarıdaki metni okudum ve çocuğumun katılımı istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın çocuğumun katılmasını kabul ediyorum. Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının (çocuğun) Adı-Soyadı:

Katılımcının Velisinin Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):

Araştırmacının Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):

APPENDIX F

PARENT INFORMATION AND CONSENT FORM (CONTROL GROUP)

Supporting Institution: Boğaziçi University

Study Title: Supporting Children's Psychological Well-Being Through a Resilience-Based Intervention Program

Principal Investigator: Prof. Serra Müderrisoğlu

Researcher: Hatice Pınar Demirci

Dear Parent,

A scientific research project titled "Supporting Children's Psychological Well-Being Through a Resilience-Based Intervention Program" is being conducted by Prof. Serra Müderrisoğlu, a faculty member of the Psychology Department at Boğaziçi University, and Hatice Pınar Demirci, a Clinical Psychology Master's student. This study aims to evaluate the effectiveness of an 11-session prevention program called "I Can Do It If I Know," designed to support children's coping skills. To accurately assess the program's impact, the pre- and post-program skills and conditions of children in two groups—those who receive the program and those who do not—will be compared to determine if the observed changes are due to the program itself.

Your child will not participate in the program during the research; however, after the research is completed and data are collected, your child can join the program in the second term if you wish, allowing them to benefit from it. The school principal has approved the participation of your school in this research. We invite you, as parents, to assist us in this project. Before you make a decision, we would like to provide detailed information about the research. If, after reading this

information, you agree to your child's participation, please sign this form and return it to us in a sealed envelope.

If you agree to participate in this study, we will ask you to complete a 25-question survey twice, with an 11-week interval between the two administrations. Each survey will take approximately 10 minutes to complete. Additionally, we will ask your child to complete a 48-item survey. This survey, expected to take around 40 minutes, will be conducted during guidance sessions with the assistance of school counselors.

This research is conducted for scientific purposes, and the confidentiality of participants' information is strictly maintained. Rather than evaluating each child individually, the collected data will be analyzed collectively. A unique identifier will be used in analyses and reports instead of children's names.

Participation in this research is entirely voluntary. If you consent to your child's participation, you retain the right to withdraw your consent at any stage without providing a reason. This study aims to evaluate the effectiveness of the developed program and does not aim to assess your child's or your individual skills.

For further information regarding the research project, please contact Clinical Psychology Master's student Hatice Pınar Demirci at Boğaziçi University.

If you agree to your child's participation in this research, please sign and return this form to us in a sealed envelope.

I, (Participant's Name), have read and fully understood the scope and purpose of the research in which my child is asked to participate, as well as the responsibilities I voluntarily undertake. I have had the opportunity to ask questions about the study. I understand that I can withdraw from

the study at any time without providing a reason and without facing any consequences.

Under these conditions, I voluntarily agree to my child's participation in the research without any pressure or coercion.

I have received / do not wish to receive (in this case, the researcher will retain the copy) a copy of this form.

Participant (Child's) Full Name:

Parent/Guardian Full Name:

Signature:

Date (Day/Month/Year): .

Researcher's Full Name:

Signature:

Date (Day/Month/Year):

APPENDIX G

PARENT INFORMATION AND CONSENT FORM (CONTROL GROUP)

(TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Dayanıklılık Temelli Bir Müdahale Programı ile Çocukların

Psikolojik İyi Olma Durumlarının Desteklenmesi

Proje Yürütücüsü: Prof. Serra Müderrisoğlu

Araştırmacının adı: Hatice Pınar Demirci

Sayın veli,

Boğaziçi Üniversitesi Psikoloji Bölümü öğretim üyesi Prof. Serra Müderrisoğlu ve

Klinik Psikoloji Yüksek Lisans öğrencisi Hatice Pınar Demirci tarafından

“Dayanıklılık Temelli Bir Müdahale Programı ile Çocukların Psikolojik İyi Olma Durumlarının Desteklenmesi” adı altında bilimsel bir araştırma projesi

yürütülmektedir. Bu çalışmanın amacı çocukların zorluklarla baş edebilme

becerilerinin desteklenmesini hedefleyen 11 oturumluk “Bilirsem Yapabilirim” isimli

bir önleme programının etkisini incelemektir. Programın etkisini sağlıklı bir şekilde

değerlendirebilmek yani gerçekleşebilecek değişimin gerçekten programın etkisi

olup olmadığını anlayabilmek için programa katılan ve katılmayan iki grubun

program öncesi ve sonrası durumları ve becerilerinin karşılaştırılması gerekmektedir.

Çocuğunuz bu çalışmada geliştirilen programı araştırma sırasında almayacaktır;

ancak araştırma bittikten ve veriler toplandıktan sonra ikinci dönem isteğiniz

doğrultusunda sizin çocuğunuz da bu programa katılarak programdan

faydalanabilecektir. Müdürünüz okulunuzun bu çalışmaya katılması için onay verdi.

Bu çalışmada ve gerçekleştirilecek araştırmada bize yardımcı olmanız için siz

velilerimizi de projemize davet ediyoruz. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuduktan sonra çocuğunuzun araştırmaya katılmasını isterseniz lütfen bu formu imzalayıp kapalı bir zarf içinde bize ulaştırınız. Bu çalışmaya katılmayı kabul ettiğiniz takdirde, araştırmaya katılan çocuğunuz için 11 hafta ara ile iki defa 25 soruluk bir anket doldurmanızı rica edeceğiz. Bu anketi doldurmak en çok 10 dakikanızı alacaktır. İkinci olarak, çocuğunuzdan 48 maddelik bir anket doldurmasını rica edeceğiz. Ortalama 40 dakika süreceği ön görülen bu çalışmanın rehberlik saatinde rehber öğretmenlerin desteği ile yapılması planlanmaktadır.

Araştırma sonlandıktan sonra, ikinci dönem eğer isterseniz çocuğunuz da sınıf arkadaşları ile birlikte 11 haftalık “Bilirsem Yapabilirim” Programına katılabilir. Program, çocukların baş edebilme ve problem çözme potansiyellerini ortaya çıkarmayı hedeflemektedir. Haftada bir uygulanacak oturumlarda, çocukların becerilerinin ve yapabileceklerinin farkına varmalarını, kendilerine güvenebilmelerini, etkili iletişim kurmalarını, duygu düzenleme ve problem çözme becerilerini güçlendirmelerini, kendilerine hedef koyabilmelerini, umutlu olabilmelerini ve sorumluluk alabilmelerini amaçlayan çeşitli grup etkinlikleri yer alır. Programda kazanılan beceriler okulda, evde, arkadaşlıklarda, ailede ve sosyal ortamlarda yaşam boyu kullanabilecekleri becerilerdir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Her çocuğun bireysel değerlendirilmesinden ziyade toplanan veriler bir bütün olarak değerlendirilecektir ve analizlerde ve raporlarda çocukların ismi yerine bir numara kullanılacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Çocuğunuzun bu araştırmaya katılımına onay verdiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir

sebeup göstermeden onayınızı çekme hakkına da sahiptir. Bu araştırma, geliştirilen programın etkisini ölçmek amacıyla, yani çocuğunuzun ya da sizin bireysel becerilerini ölçmek amaçlanmaz. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Psikoloji Bölümü Klinik psikoloji yüksek lisans öğrencisi Hatice Pınar Arslan Demirci ile temasa geçiniz.

Eğer çocuğunuzun çalışmaya katılmasını kabul ediyorsanız, lütfen bu formu imzalayıp kapalı bir zarf içerisinde bize geri yollayın.

Ben, (katılımcının adı), yukarıdaki metni okudum ve çocuğumun katılımı istenen araştırmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın çocuğumun katılmasını kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının (çocuğun) Adı-Soyadı:

Katılımcının Velisinin Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl)

Araştırmacının Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):

APPENDIX H

SDQ PARENT SCALE

Date:

Child's Name-Surname:

Parent's Name-Surname:

Dear Parent,

Please read the following sentences while thinking about your child. For each sentence, check one of the boxes: "Not True," "Somewhat True," or "Completely True." Even if you are unsure or the sentence seems unclear, answering all the sentences to the best of your ability will be very helpful for us. Please provide your responses based on your child's behavior over the past 6 months.

Thank you in advance for your attention and cooperation.

Sincerely,

		Not correct	Partially correct	Completely correct
1	Consider other people's feelings			
2	Restless, overactive, cannot stay still for long			
3	Often complains of headaches, stomach-aches or sickness			
4	Shares readily with other children (treats, toys, pencils etc.)			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, tends to play alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming			
11	Has at least one good friend			

12	Often fights with other children or bullies them			
13	Often unhappy, downhearted or tearful			
14	Generally liked by other children			
15	Easily distracted, concentration wanders			
16	Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	Often lies or cheats			
19	Picked on or bullied by other children			
20	Often volunteers to help others			
21	Can stop and think things over before acting			
22	Often argumentative with adults			
23	Gets on better with adults than with other children			
24	Many fears, easily scared			
25	Sees tasks through to the end, good attention span			

If you have any additional thoughts or feelings you'd like to share, please write them below.

APPENDIX I

SDQ PARENT SCALE (TURKISH)

Tarih:

Çocuğun Adı-Soyadı:

Velinin Adı-Soyadı:

Sevgili Velimiz, aşağıdaki cümleleri çocuğunuzu düşünerek okuyunuz. Her cümle için, *Doğru Değil*, *Kısmen Doğru*, *Tamamen Doğru* kutularından birini işaretleyiniz. Kesinlikle emin olamasanız ya da size anlamsız görünse de elinizden geldiğince tüm cümleleri yanıtlamanız bize yardımcı olacaktır. Lütfen yanıtlarınızı çocuğunuzun son 6 ay içindeki davranışlarını göz önüne alarak veriniz.

Gösterdiğiniz ilgi ve iş birliği için şimdiden teşekkür ederiz.

Saygılarımızla.

		Doğru değil	Kısmen doğru	Tamamen doğru
1	Diğer insanların duygularını önemser.			
2	Huzursuz, aşırı hareketli ve uzun süre kıpırdamadan duramaz.			
3	Sıkça baş ağrısı, karın ağrısı ve bulantıdan yakınır.			
4	Diğer çocuklarla kolayca paylaşır. (yiyecek, oyuncak, kalem vs.)			
5	Sıkça öfke nöbetleri olur ya da aşırı sinirlidir.			
6	Daha çok tek başınadır, yalnız oynama eğilimindedir.			
7	Genellikle söz dinler, erişkinlerin isteklerini yapar.			
8	Birçok kaygısı vardır sıkça endişeli görünür.			
9	Eğer birisi incinmiş, morali bozulmuş ya da kendini kötü hissediyorsa ona yardımcı olur.			
10	Sürekli elleri ayakları kıpır kıpırdır ya da oturduğu yerde kıpırdanıp durur.			

11	En az bir yakın arkadaşı vardır.			
12	Sıkça diğer çocuklarla kavga eder ya da onlarla alay eder.			
13	Sıkça mutsuz, kederli ya da ağlamaklıdır.			
14	Genellikle diğer çocuklar tarafından sevilir.			
15	Dikkati kolayca dağılır, yoğunlaşmakta güçlük çeker.			
16	Yeni ortamlarda gergin ya da huysuzdur.			
17	Kendinden küçüklere iyi davranır.			
18	Sıkça yalan söyler ya da hile yapar.			
19	Diğer çocuklar ona takarlar ya da onunla alay ederler.			
20	Sıkça başkalarına (anne baba, öğretmen, diğer çocuklar) yardım etmeye istekli olur.			
21	Bir şeyi yapmadan önce düşünür.			
22	Ev, okul ya da başka yerlerden çalar.			
23	Erişkinlerle çocuklardan daha iyi geçinir.			
24	Pek çok korkusu var. Kolayca ürker.			
25	Başladığı işi bitirir, dikkat süresi iyidir.			

Belirtmek istediğiniz başka düşünce ya da duygunuz varsa lütfen yazınız.

APPENDIX J

SDQ TEACHER SCALE

Date:

Student's Name-Surname:

Teacher's Name-Surname:

Dear Teacher,

Please read the following sentences while thinking about your student. For each sentence, check one of the boxes: "Not True," "Somewhat True," or "Completely True." Even if you are unsure or the sentence seems unclear, answering all the sentences to the best of your ability will be very helpful for us. Please provide your responses based on your student's behavior over the past 6 months.

Thank you in advance for your attention and cooperation.

Sincerely,

		Not correct	Partially correct	Completely correct
1	Consider other people's feelings			
2	Restless, overactive, cannot stay still for long			
3	Often complains of headaches, stomach-aches or sickness			
4	Shares readily with other children (treats, toys, pencils etc.)			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, tends to play alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming			

11	Has at least one good friend			
12	Often fights with other children or bullies them			
13	Often unhappy, downhearted or tearful			
14	Generally liked by other children			
15	Easily distracted, concentration wanders			
16	Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	Often lies or cheats			
19	Picked on or bullied by other children			
20	Often volunteers to help others			
21	Can stop and think things over before acting			
22	Often argumentative with adults			
23	Gets on better with adults than with other children			
24	Many fears, easily scared			
25	Sees tasks through to the end, good attention span			

If you have any additional thoughts or feelings you'd like to share, please write them below.

APPENDIX K

SDQ TEACHER SCALE (TURKISH)

Tarih:

Öğrencinin Adı-Soyadı:

Öğretmenin Adı-Soyadı:

Sevgili Öğretmenimiz, aşağıdaki cümleleri öğrencinizi düşünerek okuyunuz. Her cümle için, *Doğru Değil*, *Kısmen Doğru*, *Tamamen Doğru* kutularından birini işaretleyiniz. Kesinlikle emin olamasanız ya da size anlamsız görünse de elinizden geldiğince tüm cümleleri yanıtlamanız bize yardımcı olacaktır. Lütfen yanıtlarınızı öğrencinizin son 6 ay içindeki davranışlarını göz önüne alarak veriniz.

Gösterdiğiniz ilgi ve iş birliği için şimdiden teşekkür ederiz.

Saygılarımızla.

		Doğru değil	Kısmen doğru	Tamamen Doğru
1	Diğer insanların duygularını önemser.			
2	Huzursuz, aşırı hareketli ve uzun süre kıpırdamadan duramaz.			
3	Sıkça baş ağrısı, karın ağrısı ve bulantıdan yakınır.			
4	Diğer çocuklarla kolayca paylaşır. (yiyecek, oyuncak, kalem vs.)			
5	Sıkça öfke nöbetleri olur ya da aşırı sinirlidir.			
6	Daha çok tek başınadır, yalnız oynama eğilimindedir.			
7	Genellikle söz dinler, erişkinlerin isteklerini yapar.			
8	Birçok kaygısı vardır sıkça endişeli görünür.			
9	Eğer birisi incinmiş, morali bozulmuş ya da kendini kötü hissediyorsa ona yardımcı olur.			
10	Sürekli elleri ayakları kıpır kıpırdır ya da oturduğu yerde kıpırdanıp durur.			

11	En az bir yakın arkadaşı vardır.			
12	Sıkça diğer çocuklarla kavga eder ya da onlarla alay eder.			
13	Sıkça mutsuz, kederli ya da ağlamaklıdır.			
14	Genellikle diğer çocuklar tarafından sevilir.			
15	Dikkati kolayca dağılır, yoğunlaşmakta güçlük çeker.			
16	Yeni ortamlarda gergin ya da huysuzdur.			
17	Kendinden küçüklere iyi davranır.			
18	Sıkça yalan söyler ya da hile yapar.			
19	Diğer çocuklar ona takarlar ya da onunla alay ederler.			
20	Sıkça başkalarına (anne baba, öğretmen, diğer çocuklar) yardım etmeye istekli olur.			
21	Bir şeyi yapmadan önce düşünür.			
22	Ev, okul ya da başka yerlerden çalar.			
23	Erişkinlerle çocuklardan daha iyi geçinir.			
24	Pek çok korkusu var. Kolayca ürker.			
25	Başladığı işi bitirir, dikkat süresi iyidir.			

Belirtmek istediğiniz başka düşünce ya da duygunuz varsa lütfen yazınız.

APPENDIX L

DEMOGRAPHIC FORM

1.	Your Name-Surname:	
2.	Date of Birth:	___ / ___ / ____
3.	Grade/Class:	
4.	Your sex:	
5.	Is your mother working?	()Yes ()No
6.	Your mother's job:	
7.	Is your father working?	()Yes ()No
8.	Your father's job:	
9.	Your mother's educational level:	☐ Illiterate ☐ Did not attend school but can read and write ☐ Primary or secondary school ☐ High school ☐ University
10.	Your father's educational level:	☐ Illiterate ☐ Did not attend school but can read and write ☐ Primary or secondary school ☐ High school ☐ University
11.	How many siblings do you have?	
12.	How many people live in your household?	

APPENDIX M

DEMOGRAPHIC FORM (TURKISH)

1.	Adınız-Soyadınız:	
2.	Doğum tarihiniz:	___ / ___ / ____
3.	Sınıfınız:	
4.	Cinsiyetiniz	
5.	Anneniz çalışıyor mu?	()Evet ()Hayır
6.	Annenizin mesleği:	
7.	Babanız çalışıyor mu?	()Evet ()Hayır
8.	Babanızın mesleği:	
9.	Annenizin eğitim durumu:	() Okur-yazar değil () Okula gitmemiş ama okuma yazma biliyor () İlkokul () Lise () Üniversite
10.	Babanızın eğitim durumu:	() Okur-yazar değil () Okula gitmemiş ama okuma yazma biliyor () İlkokul () Lise () Üniversite
11.	Kaç kardeşiniz var?	
12.	Evinizde kaç kişi yaşıyor?	

APPENDIX N

BRIEF MULTIDIMENSIONAL STUDENTS' LIFE SATISFACTION SCALE

Please indicate how satisfied or dissatisfied you have felt recently with each of the following items by marking the box that best reflects your feelings. Remember, there are no right or wrong answers.

How satisfied or dissatisfied are you with the following?	Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Not Satisfied at All
1) Your family life	()	()	()	()	()
2) Your friendships	()	()	()	()	()
3) Your school experience	()	()	()	()	()
4) Yourself	()	()	()	()	()
5) Where you live	()	()	()	()	()
6) Your overall life	()	()	()	()	()

APPENDIX O

BRIEF MULTIDIMENSIONAL STUDENTS' LIFE SATISFACTION SCALE

(TURKISH)

Lütfen aşağıdaki her madde için son zamanlarda kendinizi ne kadar memnun hissettiğinizi ya da memnun hissetmediğinizi, kutulardan size en çok uyanın içine ‘X’ koyarak işaretleyin. Doğru ya da yanlış seçenek olmadığını unutmayın.

Aşağıdakilerden ne kadar memnunsunuz veya memnun değilsiniz?	Çok Memnun	Biraz memnun	Ne memnun ne değil	Biraz memnun değil	Hiç memnun değil
1) Aile hayatınızdan	()	()	()	()	()
2) Arkadaşılarınızdan	()	()	()	()	()
3) Okul deneyiminizden	()	()	()	()	()
4) Kendinizden	()	()	()	()	()
5) Yaşadığınız yerden	()	()	()	()	()
6) Genel olarak hayatınızdan	()	()	()	()	()

APPENDIX P

SOCIAL EMOTIONAL SKILLS PERCEPTION SCALE

Carefully read the statements below. For each statement, evaluate yourself and place an "X" in the box under one of the following options: "Applies to Me," "Partially Applies to Me," or "Does Not Apply to Me," depending on how the statement reflects you. Please make sure to answer all statements sincerely and thoroughly.

	Applies to Me	Partially Applies to Me	Does Not Apply to Me
1) When I have a disagreement with someone, I think about the reasons and take precautions.	()	()	()
2) When I get angry, I can control myself.	()	()	()
3) When I have a problem, I know how to solve it.	()	()	()
4) If a friend behaves inappropriately, I tell them.	()	()	()
5) I am a preferred friend	()	()	()
6) When resolving a conflict with a friend, I try to find a solution that benefits us both.	()	()	()
7) When I speak, I support my words with facial expressions.	()	()	()
8) When making a decision, I think about the positive and negative outcomes..	()	()	()
9) Even if I make mistakes, I am still a valuable person.	()	()	()
10) I am satisfied with my appearance.	()	()	()
11) I tell my friends what I like about them.	()	()	()
12) If a friend ignores me, I address it appropriately.	()	()	()

13) I make an effort to solve my problems on my own.	()	()	()
14) When I feel overwhelmed, I find ways to relax myself.	()	()	()
15) I can accept criticism without getting upset.	()	()	()
16) I am an organized student.	()	()	()
17) My friends like me.	()	()	()
18) When I am tense, I can calm myself.	()	()	()
19) I can find suitable solutions to the problems I face.	()	()	()
20) If my friends do not include me in a game, I handle it with understanding.	()	()	()
21) I like myself.	()	()	()

APPENDIX Q

SOCIAL EMOTIONAL SKILLS PERCEPTION SCALE (TURKISH)

Aşağıdaki maddeleri dikkatli bir şekilde okuyun. Her bir maddede kendinize ilişkin bir değerlendirme yaparak madde sizin için uygunsa “*Bana Uygun*”, kısmen uygunsa “*Bana Kısmen Uygun*”, size uygun değilse “*Bana Uygun Değil*” seçeneklerinden birinin altındaki parantezin içine “X” işareti koyun. Lütfen her maddeyi yanıtlamaya ve içtenlikle doldurmaya özen gösterin.

	Bana Uygun	Bana Kısmen Uygun	Bana Uygun Değil
1) Birisi ile sorun yaşadığımda nedenlerini düşünür, tedbir alırım.	()	()	()
2) Öfkelandiğimde kendimi kontrol edebilirim.	()	()	()
3) Bir problemim olduğunda, onu nasıl çözeceğimi bilirim.	()	()	()
4) Arkadaşım uygun olmayan bir davranışta bulunursa, ona söylerim.	()	()	()
5) Tercih edilen bir arkadaşım.	()	()	()
6) Arkadaşımla sorunumu çözerken çözümün her ikimizin de yararına olmasına çalışırım.	()	()	()
7) Konuşurken, yüz ifademle de anlattıklarımı desteklerim.	()	()	()
8) Bir karar verirken, olumlu ve olumsuz sonuçlarını düşünürüm.	()	()	()
9) Hatalarım olsa da değerli biriyim.	()	()	()
10) Dış görünüşümden memnunum.	()	()	()
11) Arkadaşlarıma beğendiğim özelliklerini söylerim.	()	()	()
12) Bir arkadaşım beni görmezden gelirse onu uygun dille uyarırım.	()	()	()

13) Sorunlarımı kendim çözmek için çaba gösteririm.	()	()	()
14) Çok bunaldığımda kendimi rahatlatacak bir şeyler bulurum.	()	()	()
15) Eleştirileri kırılmadan kabul edebilirim.	()	()	()
16) Planlı bir öğrenciyim.	()	()	()
17) Arkadaşlarım beni sever.	()	()	()
18) Gergin olduğumda kendimi sakinleştirebilirim.	()	()	()
19) Karşılaştığım problemlere uygun çözüm yolları bulabilirim.	()	()	()
20) Arkadaşlarım beni oyuna almazsa bunu anlayışla karşılarım.	()	()	()
21) Kendimi beğenirim.	()	()	()

APPENDIX R
CHILD AND YOUTH RESILIENCE MEASURE

Carefully read the statements below. For each statement, think about how well it describes you and mark an “X” in the box under one of the following options:

1. 2. 3. 4. 5.	Does not describe me at all	Describes me a little	Describes me somewhat	Describes me quite well	Completely describes me
1) There are people in my life whom I respect	(1)	(2)	(3)	(4)	(5)
2) I cooperate with people around me.	(1)	(2)	(3)	(4)	(5)
3) Getting an education is important to me.	(1)	(2)	(3)	(4)	(5)
4) I know how to behave in different social settings (e.g., school, mosque, or other social settings).	(1)	(2)	(3)	(4)	(5)
5) My parents closely monitor me and usually know where I am and what I am doing.	(1)	(2)	(3)	(4)	(5)
6) My family knows many things about me (e.g., who my friends are, what I like).	(1)	(2)	(3)	(4)	(5)
7) If I am hungry, there is enough food at home to eat.	(1)	(2)	(3)	(4)	(5)
8) I try to finish the activities/tasks I start.	(1)	(2)	(3)	(4)	(5)
9) Religious beliefs are a source of strength for me.	(1)	(2)	(3)	(4)	(5)

10) I take pride in my ethnic background (e.g., knowing where my family is from or learning about my family's history).	(1)	(2)	(3)	(4)	(5)
11) People think I enjoy being with them.	(1)	(2)	(3)	(4)	(5)
12) I talk to my parents about how I feel (e.g., when I am upset or worried).	(1)	(2)	(3)	(4)	(5)
13) When things do not go as I want, I can solve the problem without harming myself or others.	(1)	(2)	(3)	(4)	(5)
14) I feel supported by my friends.	(1)	(2)	(3)	(4)	(5)
15) I know where to seek help if I need it.	(1)	(2)	(3)	(4)	(5)
16) I feel a sense of belonging at my school.	(1)	(2)	(3)	(4)	(5)
17) My family is there for me during tough times.	(1)	(2)	(3)	(4)	(5)
18) My friends are there for me during tough times.	(1)	(2)	(3)	(4)	(5)
19) Yaşadığım toplumda bana adil bir şekilde davranılır.	(1)	(2)	(3)	(4)	(5)
20) I am treated fairly in the community I live in.	(1)	(2)	(3)	(4)	(5)
21) I am aware of my strengths.	(1)	(2)	(3)	(4)	(5)
22) I participate in religious activities (e.g., going to the mosque).	(1)	(2)	(3)	(4)	(5)
23) I believe it is important to serve my community.	(1)	(2)	(3)	(4)	(5)
24) I feel safe when I am with my family.	(1)	(2)	(3)	(4)	(5)
25) I have opportunities to develop skills that I will use in the future (e.g., vocational skills).	(1)	(2)	(3)	(4)	(5)

26) I enjoy my family's traditions and culture.	(1)	(2)	(3)	(4)	(5)
27) I enjoy the culture and traditions of my community.	(1)	(2)	(3)	(4)	(5)
28) I take pride in being a citizen of this country.	(1)	(2)	(3)	(4)	(5)



APPENDIX S

CHILD AND YOUTH RESILIENCE MEASURE (TURKISH)

Aşağıdaki maddeleri dikkatli bir şekilde okuyun. Her bir maddenin sizi ne kadar tanımladığını düşünerek;

1) Beni hiç tanımlamıyor					
2) Çok az tanımlıyor					
3) Biraz tanımlıyor					
4) Oldukça tanımlıyor					
5) Beni tamamen tanımlıyor					
seçeneklerinden birinin altındaki parantezin içine “X” işareti koyun.	Beni hiç tanımlamıyor	Çok az tanımlıyor	Biraz tanımlıyor	Oldukça tanımlıyor	Beni tamamen tanımlıyor
29) Hayatımda saygı duyabileceğim insanlar var.	(1)	(2)	(3)	(4)	(5)
30) Çevremdeki insanlar ile işbirliği içerisindeyimdir.	(1)	(2)	(3)	(4)	(5)
31) Eğitim almak benim için önemlidir.	(1)	(2)	(3)	(4)	(5)
32) Farklı sosyal ortamlarda nasıl davranacağımı bilirim (örneğin, okul, cami veya diğer sosyal ortamlar).	(1)	(2)	(3)	(4)	(5)
33) Anne-babam beni yakından takip eder, nerede olduğumu ve çoğu zaman ne yaptığımı bilir.	(1)	(2)	(3)	(4)	(5)
34) Ailem benim hakkımda birçok şeyi bilir (örneğin, arkadaşlarımdan kim olduğumu, nelerden hoşlandığımı) .	(1)	(2)	(3)	(4)	(5)
35) Acıkırsam, evde yemek için yeteri kadar yiyecek bulabilirim.	(1)	(2)	(3)	(4)	(5)
36) Başladığım faaliyetleri/işleri bitirmeye çalışırım.	(1)	(2)	(3)	(4)	(5)

37) Dini inançlar benim için bir güç kaynağıdır.	(1)	(2)	(3)	(4)	(5)
38) Sahip olduğum etnik yapıdan gurur duyuyorum (örneğin ailemin gelmiş oldukları yerden veya ailemin geçmişi hakkında birçok şeyi bilmekten gurur duyuyorum)	(1)	(2)	(3)	(4)	(5)
39) İnsanlar, onlar ile birlikte olmaktan mutlu olduğumu düşünürler.	(1)	(2)	(3)	(4)	(5)
40) Nasıl hissettiğimi konusunda anne-babamla konuşurum (örneğin üzgün veya endişeli olduğumda).	(1)	(2)	(3)	(4)	(5)
41) Bir şeyler istediğim şekilde gitmediğinde, diğer insanlara ve kendime zarar vermeden bu durumu çözebilirim.	(1)	(2)	(3)	(4)	(5)
42) Arkadaşlarım tarafından desteklendiğimi düşünüyorum/hissediyorum.	(1)	(2)	(3)	(4)	(5)
43) Yardıma ihtiyacım olursa, nereden yardım alabileceğimi bilirim.	(1)	(2)	(3)	(4)	(5)
44) Kendimi okuluma ait hissediyorum.	(1)	(2)	(3)	(4)	(5)
45) Ailem zor zamanlarımda yanımdadır.	(1)	(2)	(3)	(4)	(5)
46) Arkadaşlarım zor zamanlarımda yanımdadır.	(1)	(2)	(3)	(4)	(5)
47) Yaşadığım toplumda bana adil bir şekilde davranılır.	(1)	(2)	(3)	(4)	(5)
48) Çevremde büyüdüğümü ve sorumluluk alabileceğimi diğer insanlara gösterebileceğim fırsatlara sahibim.	(1)	(2)	(3)	(4)	(5)
49) Güçlü yönlerimin farkındayım.	(1)	(2)	(3)	(4)	(5)
50) Dini aktivitelere katılıyorum (camiye gitmek gibi).	(1)	(2)	(3)	(4)	(5)
51) Yaşadığım toplumda hizmet etmenin önemli olduğunu düşünüyorum.	(1)	(2)	(3)	(4)	(5)

52) Ailemle olduğumda kendimi güvende hissediyorum.	(1)	(2)	(3)	(4)	(5)
53) Hayatımda gelecekte kullanacağım yeteneklerimi geliştireceğim fırsatlara sahibim (mesleki beceriler gibi)	(1)	(2)	(3)	(4)	(5)
54) Ailemin aile geleneklerini ve kültürünü seviyorum.	(1)	(2)	(3)	(4)	(5)
55) Yaşadığım toplumun kültürünü ve geleneklerini seviyorum.	(1)	(2)	(3)	(4)	(5)
56) Bu ülkenin vatandaşı olduğum için gurur duyuyorum.	(1)	(2)	(3)	(4)	(5)

APPENDIX T

PROGRAM EVALUATION FORM FOR PARENTS

Student's Name and Surname:

Dear Parent,

Your child has completed the 11-week "I Can Do It If I Know" Program. If you have noticed/observed any changes in your child's skills after this program, please describe the observed changes below.

Skills	Your Observations
1. Recognizing and expressing emotions	
2. Regulating emotions	
3. Problem-solving	
4. Social relationships	
5. Self-awareness and self-confidence	
6. Dreaming and goal-setting	
7.	
8. Taking responsibility	
9. Sharing and helping	

APPENDIX U

PROGRAM EVALUATION FORM FOR PARENTS (TURKISH)

Öğrencinin adı soyadı:

Sevgili veli, çocuğunuz 11 haftalık Bilirsem Yapabilirim Programını tamamladı. Bu programdan sonra çocuğunuzun aşağıdaki becerilerinde eğer fark ettiğiniz/gözlemlediğiniz bir değişim varsa bu değişimlerin neler olduğunu yazınız.

Beceriler	Gözlemlediğiniz değişimler
1. Duygularını tanıma ve ifade etme	
2. Duygularını düzenleyebilme	
3. Problem çözme	
4. Sosyal ilişkiler	
5. Kendini tanıma ve özgüven	
6. Hayal kurma ve hedef koyma	
7. Sorumluluk alma	
8. Paylaşma ve yardım etme	
9.	

REFERENCES

- Akar, A. (2018). *The effect of the resilience program on the resilience level of adolescents* (Publication No. 495589) [Unpublished doctoral dissertation, Maltepe University]. Ulusal Tez Merkezi.
- Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional psychology: Research and Practice*, 36(3), 238. <https://doi.org/10.1037/0735-7028.36.3.238>
- Alvord, M. K., Zucker, B., & Grados, J. J. (2011). *Resilience Builder Program for children and adolescents: Enhancing social competence and self-regulation—A cognitive-behavioral group approach*. Research Press.
- Anticich, S. A., Barrett, P. M., Silverman, W., Lacherez, P., & Gillies, R. (2013). The prevention of childhood anxiety and promotion of resilience among preschool-aged children: A universal school-based trial. *Advances in School Mental Health Promotion*, 6(2), 93-121. <https://doi.org/10.1080/1754730X.2013.784616>
- American Psychological Association. (n.d.). *Resilience*. Retrieved September 20, 2024, from <https://www.apa.org/topics/resilience>
- Arias González, V. B., Crespo Sierra, M. T., Arias Martínez, B., Martínez-Molina, A., & Ponce, F. P. (2015). An in-depth psychometric analysis of the Connor-Davidson Resilience Scale: Calibration with Rasch-Andrich model. *Health and Quality of Life Outcomes*, 13, 1-12. <https://link.springer.com/article/10.1186/s12955-015-0345-y>
- Arslan, G. (2015). Çocuk ve Genç Psikolojik Sağlık Ölçeği'nin (ÇGPSÖ) psikometrik özellikleri: Geçerlilik ve güvenirlik çalışması. *Ege Eğitim Dergisi*, 16(1), 1-12. <https://doi.org/10.12984/eed.23397>
- Bale, C., & Mishara, B. (2004). Developing an international mental health promotion programme for young children. *International Journal of Mental Health Promotion*, 6(2), 12-16. <https://doi.org/10.1080/14623730.2004.9721926>
- Barrett, W., & Randall, L. (2004). Investigating the circle of friends approach: Adaptations and implications for practice. *Educational Psychology in Practice*, 20(4), 353-368. <https://doi.org/10.1080/0266736042000314286>
- Barrett, P. M., Cooper, M., & Guajardo, J. G. (2014). Using the FRIENDS Programs to promote resilience in cross-cultural populations. In *Resilience interventions for youth in diverse populations* (pp. 85-108). New York, NY: Springer New York. https://doi.org/10.1007/978-1-4939-0542-3_5
- Baydan, Y. (2010). *Developing the scale of perceived social-emotional skills and the effectiveness of social-emotional skills program* (Publication No. 265235) [Unpublished doctoral dissertation, Hacettepe University]. Ulusal Tez Merkezi.

- Benard, B., & Slade, S. (2009). Listening to students: Moving from resilience research to youth development practice and school connectedness. In *Handbook of positive psychology in schools*, 353-370.
- Bernard, M. E. (2008). The effect of You Can Do It! Education on the emotional resilience of primary school students with social, emotional, behavioral and achievement challenges. In *Proceedings of the Australian Psychological Society Annual Conference*, 43, 36-40.
- Botvin, G. J., & Griffin, K. W. (2004). Life skills training: Empirical findings and future directions. *Journal of Primary Prevention*, 25, 211-232. <https://doi.org/10.1023/B:JOPP.0000042391.58573.5b>
- Bowes, J., Grace, R., & Hodge, K. (2012). *Children, families and communities: Contexts and consequences*.
- Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education*, 3(2), 37-43. <https://www.ncj.nl/wp-content/uploads/media-import/docs/6a45c1a4-82ad-4f69-957e1c76966678e2.pdf>
- Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Children & Schools*, 28(2), 69-76. <https://doi.org/10.1093/cs/28.2.69>
- Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A systematic review of strengths and resilience outcome literature relevant to children and adolescents. *Child and Adolescent Social Work Journal*, 30, 435-459. <https://doi.org/10.1007/s10560-013-0301-9>
- Cantor, P., Osher, D., Berg, J., Steyer, L., & Rose, T. (2021). Malleability, plasticity, and individuality: How children learn and develop in context 1. In *The science of Learning and Development* (pp. 3-54). Routledge.
- Challen, A., Noden, P., West, A., & Machin, S. (2010). UK Resilience programme evaluation: Second interim report. *Department for Education*. <https://assets.publishing.service.gov.uk/media/5a75b11b40f0b67f59fcedd1/DFE-RB006.pdf>
- Craig, S. L., Austin, A., & McInroy, L. B. (2014). School-based groups to support multiethnic sexual minority youth resiliency: Preliminary effectiveness. *Child and Adolescent Social Work Journal*, 31, 87-106. <https://doi.org/10.1007/s10560-013-0311-7>
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications
- Daelmans, B., Black, M. M., Lombardi, J., Lucas, J., Richter, L., Silver, K., ... & Rao, N. (2015). *Effective interventions and strategies for improving early child development*. <https://doi.org/10.1136/bmj.h4029>

- De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological Bulletin*, 141(4), 858.
- Dray, J., Bowman, J., Campbell, E., Freund, M., Wolfenden, L., Hodder, R. K., ... & Wiggers, J. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 813-824.
<https://www.sciencedirect.com/science/article/pii/S0890856717311073>
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350. <https://doi.org/10.1007/s10464-008-9165-0>
- Egeden Trauma and Child Foundation. (n.d.). *Official website of the Egeden Trauma and Child Foundation*. <https://www.egeden.org.tr/>
- Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC Psychol.* 2018; 6 (1): 30. *Eng.)* <https://doi.org/10.1186/s40359-018-0242-3>.
- Fixsen, D. L., Van Dyke, M., & Blase, K. A. (2019). Implementation science: Fidelity predictions and outcomes. *Chapel Hill, NC: Active Implementation Research Network*.
- France, A., Bottrell, D., Armstrong, D. (2012). *The Ecology of Being 'in care'*. In: *A Political Ecology of Youth and Crime*. Palgrave Macmillan, London
- Froehlich-Gildhoff, K., & Roennau-Boese, M. (2012). Prevention of exclusion: the promotion of resilience in early childhood institutions in disadvantaged areas. *Journal of Public Health*, 20, 131-139. <https://doi.org/10.1007/s10389-011-0451-1>
- Gail Wagnild, R. N. (2009). A review of the Resilience Scale. *Journal of Nursing Measurement*, 17(2), 105.
- Garmezy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatric Annals*, 20(9), 459-466. doi:10.3928/0090-4481-19910901-05
- Gerson, M. W., & Fernandez, N. (2013). PATH: A program to build resilience and thriving in undergraduates. *Journal of Applied Social Psychology*, 43(11), 2169-2184. <https://doi.org/10.1111/jasp.12168>
- Ginsburg, K. R., Jablow, M. M., & American Academy of Pediatrics. (2011). *Building resilience in children and teens: Giving kids roots and wings*.

- Gizir, C. (2007). Psikolojik sađamlık, risk faktörleri ve koruyucu faktörler üzerine bir derleme çalışması. *Turkish Psychological Counseling and Guidance Journal*, 3(28), 113-128.
- Goldstein, S., & Brooks, R. B. (Eds.). (2023). *Handbook of resilience in children*. Springer Nature.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Güvenir, T., Özbek, A., Baykara, B., Arkar, H., Şentürk, B., & İncekaş, S. (2008). Güçler ve güçlükler anketi'nin (gga) Türkçe uyarlamasının psikometrik özellikleri. *Turkish Journal of Child and Adolescent Mental Health*, 15(2), 65-74.
- Henderson, N. (2012). *The resiliency workbook: Bounce back stronger, smarter and with real self-esteem*. Resiliency in Action.
- Higgen, S., & Mösko, M. (2021). Development and pilot evaluation of a universal intervention—Enhancing resilience in culturally and linguistically diverse primary school classrooms. *International Journal of Educational Research*, 108. <https://doi.org/10.1016/j.ijer.2021.101757>
- Işık, Ş., Kararımak, Ö., Aydoğan, D., Üzbe Atalay, N., Mutlu Çaykuş, T., Demir, Ö. O., & Yaşar, S. M. (2021). *M. Ağar & E. Aydın (Eds.), Psikolojik sađamlık: Psikolojik danışman ve rehber öğretmenler için*. Millî Eğitim Bakanlığı Yayınları.
- Kapur, S. (2015). Adolescence: The stage of transition. *Horizons of Holistic Education*, 2(3), 233-50.
- Karatsoreos, I. N., & McEwen, B. S. (2013). "Annual Research Review: The neurobiology and physiology of resilience and adaptation across the life course": Erratum.
- Kranzler, A., & Price, J. (2008). Penn Teaches Resiliency: Proposal for a New Psychology-Based Academically Based Community Service Course.
- Kurtođlu, G., & Dođan, S. (2017). *Bilişsel davranışçı yaklaşıma dayalı psiko-eđitim programının beşinci sınıf öğrencilerinin duygusal yılmazlık düzeylerine etkisi*. *Electronic Journal of Social Sciences*, 16(60), 249-268. <https://doi.org/10.17755/esosder.289666>
- Ladd, G. W. (2005). *Children's peer relations and social competence: A century of progress*. Yale University Press.
- Lendrum, A., Humphrey, N., & Greenberg, M. (2016). Implementing for success in school-based mental health promotion: The role of quality in resolving the tension between fidelity and adaptation. In *Mental Health and Wellbeing through Schools* (pp. 53-63). Routledge.

- Levinson, S., Neuspiel, J., Eisenhower, A., & Blacher, J. (2021). Parent–teacher disagreement on ratings of behavior problems in children with ASD: Associations with parental school involvement over time. *Journal of Autism and Developmental Disorders*, 51, 1966-1982. <https://doi.org/10.1007/s10803-020-04675-1>
- Liddle, H. A. (2004). Family-based therapies for adolescent alcohol and drug use: Research contributions and future research needs. *Addiction*, 99, 76-92. <https://doi.org/10.1111/j.1360-0443.2004.00856.x>
- Liebenberg, L., Ungar, M., & Vijver, F. V. D. (2012). Validation of the child and youth resilience measure-28 (CYRM-28) among Canadian youth. *Research on Social Work Practice*, 22(2), 219-226. <https://doi.org/10.1177/10497315114286>
- Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. *Resilience and vulnerability: Adaptation in The Context of Childhood Adversities*, 2, 510-549.
- Luthar, S. S., & Prince, R. P. (2006). Developmental psychopathology. *Lewis's Child and Adolescent Psychiatry*, (pp. 291-299). Lippincott Williams & Wilkins, a Wolters Kluwer business. <https://psychiatry.lwwhealthlibrary.com/book.aspx?bookid=2519§ionid0>
- Maloney, J.E., Lawlor, M.S., Schonert-Reichl, K.A., Whitehead, J. (2016). A Mindfulness-Based Social and Emotional Learning Curriculum for School-Aged Children: The MindUP Program. In: Schonert-Reichl, K., Roeser, R. (eds) *Handbook of Mindfulness in Education. Mindfulness in Behavioral Health*. Springer, New York, NY. https://doi.org/10.1007/978-1-4939-3506-2_20
- Ma, H.; Chen, Y.; Zhang, X.; Huang, G.; Wang, Y. (2018). Development of resilience model index on preschool children. *Chinese Journal of Child Health Care*, 4, 440–444.
- Mallin, B., Walker, J. R., & Levin, B. (2012). Mental health promotion in the schools: Supporting resilience in children and youth. In *Resilience in children, adolescents, and adults: Translating research into practice* (pp. 91-112). New York, NY: Springer New York.
- Malti, T., Schwartz, S. E., Liu, C. H., & Noam, G. G. (2008). Program evaluation: relationships as key to student development. *New Directions for Youth Development*, (120), 151-177. <https://doi.org/10.1002/yd.290>
- Mandleco, B. L. (2000). An organizational framework for conceptualizing resilience in children. *Journal of Child and Adolescent Psychiatric Nursing*, 13(3), 99-112. <https://doi.org/10.1111/j.1744-6171.2000.tb00086.x>

- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2(4), 425-444. <https://doi.org/10.1017/S0954579400005812>
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53(2), 205.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227.
- Masten, A. S. (2002). Resilience in development. *Hand book of positive psychology/Oxford University Press*.
- Masten, A. S., & Gewirtz, A. H. (2006). Resilience in development: The importance of early childhood. https://www.researchgate.net/publication/252094504_Resilience_in_Development_The_Importance_of_Early_Childhood
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child development*, 85(1), 6-20. <https://doi.org/10.1111/cdev.12205>
- Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10(1), 12-31. <https://doi.org/10.1111/jftr.12255>
- Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7), 98. <https://doi.org/10.3390/children5070098>
- Momartin, S., da Silva Miranda, E., Aroche, J., & Coello, M. (2018). Resilience building through alternative intervention: ‘STARTTS “Project Bantu Capoeira Angola”’; on the road to recovery. *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 16(2), 154-160. https://journals.lww.com/invn/fulltext/2018/16020/resilience_building_through_alternative.13.aspx
- Morrison, G. M., & Allen, M. R. (2007). Promoting student resilience in school contexts. *Theory into Practice*, 46(2), 162-169. <https://doi.org/10.1080/00405840701233172>
- Nielsen, L., Meilstrup, C., Nelausen, M. K., Koushede, V., & Holstein, B. E. (2015). Promotion of social and emotional competence: Experiences from a mental health intervention applying a whole school approach. *Health Education*, 115(3/4), 339-356.
- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26(1), 1-11. [https://doi.org/10.1016/S0140-1971\(02\)00118-5](https://doi.org/10.1016/S0140-1971(02)00118-5)
- Özdemir, M. B., & Bengisoy, A. (2022). Effects of an online solution-focused psychoeducation Programme on Children’s emotional resilience and

problem-solving skills. *Frontiers in Psychology*, 13, 870464.
<https://doi.org/10.3389/fpsyg.2022.870464>

- Parrott, E., Lomeli-Rodriguez, M., Burgess, R., Rahman, A., Direzkia, Y., & Joffe, H. (2024). The Role of Teachers in Fostering Resilience After a Disaster in Indonesia. *School Mental Health*, 1-19. <https://doi.org/10.1007/s12310-024-09709-y>
- Pinto, T. M., Laurence, P. G., Macedo, C. R., & Macedo, E. C. (2021). Resilience programs for children and adolescents: a systematic review and meta-analysis. *Frontiers in Psychology*, 12, 754115.
<https://doi.org/10.3389/fpsyg.2021.754115>
- Pottinger, A. M., & Stair, A. G. (2009). Bullying of students by teachers and peers and its effect on the psychological well-being of students in Jamaican schools. *Journal of School Violence*, 8(4), 312-327.
<https://doi.org/10.1080/15388220903130155>
- Powell, K. M., Rahm-Knigge, R. L., & Conner, B. T. (2021). Resilience protective factors checklist (RPFC): Buffering childhood adversity and promoting positive outcomes. *Psychological Reports*, 124(4), 1437-1461.
- Prince-Embury, S. & Saklofske, D. H. (2014). Resilience Interventions for Youth in Diverse Populations. *Resilience Interventions for Youth*, 203-215.
<https://doi.org/10.1177/0033294120950288>
- Prout, S. M., & Prout, H. T. (1998). A meta-analysis of school-based studies of counseling and psychotherapy: An update. *Journal of School Psychology*, 36(2), 121-136. [https://doi.org/10.1016/S0022-4405\(98\)00007-7](https://doi.org/10.1016/S0022-4405(98)00007-7)
- Reavley, N., Bassilios, B., Ryan, S., Schlichthorst, M., & Nicholas, A. (2015). Interventions to build resilience among young people. *A Literature Review*. Melbourne: Victorian Health Promotion Foundation.
- Rees, P. (2013). The mental health, emotional literacy, cognitive ability, literacy attainment and 'resilience' of 'looked after children': A multidimensional, multiple-rater population-based study. *British Journal of Clinical Psychology*, 52(2), 183-198. <https://doi.org/10.1111/bjc.12008>
- Renk, K., & Phares, V. (2004). Cross-informant ratings of social competence in children and adolescents. *Clinical Psychology Review*, 24(2), 239-254.
<https://doi.org/10.1016/j.cpr.2004.01.004>
- Roach, S. C. (2016). Affective values in international relations: Theorizing emotional actions and the value of resilience. *Politics*, 36(4), 400-412.
<https://doi.org/10.1177/0263395716629687>
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316-331. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>

- Sarrionandia, A.; Ramos-Díaz, E.; Fernández-Lasarte, O. Resilience as a Mediator of Emotional Intelligence and Perceived Stress: A Cross-Country Study. *Front. Psychol.* 2018, 9, 2653. <https://doi.org/10.3389/fpsyg.2018.02653>
- Schochet, P. Z. (2008). Statistical power for random assignment evaluations of education programs. *Journal of Educational and Behavioral Statistics*, 33(1), 62–87. <https://doi.org/10.3102/1076998607302714>
- Schonert-Reichl, K. A., & Hymel, S. (2007). Educating the heart as well as the mind social and emotional learning for school and life success. *Education Canada*, 47(2), 20-25. https://www.jcshcces.ca/upload/Educating_Heart_Spring07-1.pdf
- Seligson, J. L., Huebner, E. S., & Valois, R. F. (2003). Preliminary validation of the brief multidimensional students' life satisfaction scale (BMSLSS). *Social Indicators Research*, 61, 121-145. <https://doi.org/10.1023/A:1021326822957>
- Siyez, D. M., & Kaya, A. (2008). Validity and reliability of the brief multidimensional students' life satisfaction scale with Turkish children. *Journal of Psychoeducational Assessment*, 26(2), 139-147. <https://doi.org/10.1177/0734282907307802>
- Sharpe, L., Ryan, B., Allard, S., & Sensky, T. (2003). Testing for the integrity of blinding in clinical trials: how valid are forced choice paradigms?. *Psychotherapy and Psychosomatics*, 72(3), 128-131. <https://doi.org/10.1159/000069736>
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1), 25338. <https://doi.org/10.3402/ejpt.v5.25338@zept20.2014.5.issue-s4>
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094(1), 1-12. <https://doi.org/10.1196/annals.1376.002>
- Tashakkori, A., & Teddlie, C. (2003). Issues and dilemmas in teaching research methods courses in social and behavioral sciences: US perspective. *International Journal of Social Research Methodology*, 6(1), 61-77. <https://doi.org/10.1080/13645570305055>
- Taylor, Z. E., Eisenberg, N., Spinrad, T. L., Eggum, N. D., & Sulik, M. J. (2013). The relations of ego-resiliency and emotion socialization to the development of empathy and prosocial behavior across early childhood. *Emotion*, 13(5), 822. <https://doi.org/10.1037/a0032894>
- Turkish Statistical Institute (TURKSTAT). (2023). *Statistics on child, 2023*. TURKSTAT. <https://data.tuik.gov.tr/Bulten/Index?p=Statistics-on-Child-2023-53679>

- Türk, F., & Şahin, H. (2015). Bilişsel-davranışçı grup psiko-eğitim programının psikolojik sağlık, irrasyonel inançlar ve iyilik hali üzerindeki etkisi. *Turkish Psychological Counseling and Guidance Journal* 5(39), 1-16.
- Uluslararası Çocuk Merkezi. (2020). *Türkiye’de çocuğa karşı şiddet durum raporu* (Violence against children in Turkey status report). Uluslararası Çocuk Merkezi.
- Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence*, 42(166).
- Ungar, M., Russell, P., & Connelly, G. (2014). School-based interventions to enhance the resilience of students. *Journal of Educational and Developmental Psychology*, 4(1), 66.
- UNICEF. (2021). *Türkiye - UNICEF İş Birliği Programı 2021-2025: Türkiye Yıllık Raporu 2021* (Turkey-UNICEF Cooperation Program 2021-2025: Turkey Annual Report 2021). UNICEF.
- UNICEF. (2022). *Türkiye Çocuk Araştırması: Türkiye Child Survey 2022*. UNICEF.
- VanderWeele, T. J., Hong, G., Jones, S. M., & Brown, J. L. (2013). Mediation and spillover effects in group-randomized trials: a case study of the 4Rs educational intervention. *Journal of the American Statistical Association*, 108(502), 469-482. <https://doi.org/10.1080/01621459.2013.779832>
- Webber, D. J., Healy, A., & Bristow, G. (2018). Regional growth paths and resilience: A European analysis. *Economic Geography*, 94(4), 355-375. <https://doi.org/10.1080/00130095.2017.1419057>
- Werner, E. E. (2005). Resilience research: Past, present, and future. In *Resilience in children, families, and communities: Linking context to practice and policy* (pp. 3-11). Boston, MA: Springer U
- World Health Organization (WHO). (2020). *The global status report on preventing violence against children 2020*. WHO. <https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>
- Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, 34(12), 2295-2303. <https://doi.org/10.1016/j.chilyouth.2012.08.009>
- Zemp, M., Johnson, M. D., & Bodenmann, G. (2019). Out of balance? Positivity–negativity ratios in couples’ interaction impact child adjustment. *Developmental Psychology*, 55(1), 135.
- Zins, J. E. (2004). Building academic success on social and emotional learning: What does the research say? *Teachers’ College*.

Zoritch, B., Roberts, I., & Oakley, A. (1998). The health and welfare effects of day-care: a systematic review of randomised controlled trials. *Social Science & Medicine*, 47(3), 317-327. [https://doi.org/10.1016/S0277-9536\(98\)00037-9](https://doi.org/10.1016/S0277-9536(98)00037-9)

